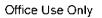
PO7000123622

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
·
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

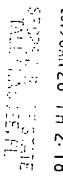




000323733420

01/28/19--01029--020 **S2

R. WHITE



COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION	CA WIRELESS CORPORATION PO7000133622
DOCUMENT NUMBER:	10 100013084
The enclosed Articles of Amer	dment and fee are submitted for filing.
Please return all corresponden	e concerning this matter to the following:
	BARBARA MELAMED
	Name of Contact Person
	CA WIRELESS CORPORATION
	Firm/ Company
	12453 NW 44th STREET
	CORAL SPRINGS FLORIDA 33065
	City/ State and Zip Code
	barbara (oce) antenna. com nail address: (to be used for future annual report notification)
	an address. (to be used to this camality report to the came of the
For further information concer	ing this matter, please call:
Barbara My	larned at, 954, 340-7053 × 10a0a
Name of Conta	Area Code & Daytime Telephone Number
Enclosed is a check for the fol	owing amount made payable to the Florida Department of State:
•	43.75 Filing Fee &
Mailing Ad Amendment Division of P.O. Box 63 Tallahassee,	Section Amendment Section orporations Division of Corporations Clifton Building

Articles of Amendment to

FILED

Articles of Incorporation

2019 JAN 28 PM 2: 19

CH WIRELESS CURVO	
(Name of Corporation as currently f	iled with the Florida Dept. of State). JEE. 71
P07000123622	
(Document Number of C	orporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this Fla its Articles of Incorporation:	orida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
2/0	The new
name must be distinguishable and contain the word "corporation," "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co word "chartered," "professional association," or the abbreviation "P.,	"company," or "incorporated" or the abbreviation ". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	n/q
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	n/a
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address: Name of New Registered Agent	s in Florida, enter the name of the
New Registered Office Address: (C)	/ <u>Q</u> , Florida
New Registered Agent's Signature, if changing Registered Agent: Thereby accept the appointment as registered agent. I am familiar with	a
Thereby accept the appointment as registered agent. I am familiar with	n and accept the obligations of the position.

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	<u>PT</u>	John D	<u>oe</u>		
X Remove	$\underline{\mathbf{V}}$	Mike J	<u>ones</u>		
X Add	<u>sv</u>	Sally S	<u>mith</u>		
Type of Action (Check One)	<u>Title</u>		<u>Name</u>		Address
1) Change	$\overline{\lambda}$	_	SIDNEY	KOPPEAL	12453 NW 44th Street
Add					CORAL SPRINGS, FL 3306
Remove					
2) Change		_			
Add					
Remove					
3) Change					
Add					
Remove					
4) Change					
Add					
Remove					
5) Change					
Add					
Remove					
6) Change					
Add					
Remove					

Attach additional sheets, if necessary).	(Be specific)
	(be specific)
	_
	
	
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f an amendment provides for an evel-	nge, reclassification, or cancellation of issued shares,
	dment if not contained in the amendment itself:
provisions for implementing the amend	
provisions for implementing the amend	—
provisions for implementing the amend (if not applicable, indicate N/A)	different mor contained in the amendment user.
provisions for implementing the amend	directed in the amendment asen.
provisions for implementing the amend	amenen in the amendment issur.
provisions for implementing the amend	anche ii ince contained in the amendment users.
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provisions for implementing the amend	The contained in the amendment riser.
provisions for implementing the amend	THE REPORT OF THE AMERICAN THE
provisions for implementing the amend	THE REPORT OF THE AMERICAN THE

The date of each amendment(s) adoption:	ARUNAC	1 93 9011	, if other than the
date this document was signed.			
Effective date <u>if applicable</u> :	Feb 1, 20	19	
(no more than 90 days aft	er amendment file date)	
Note: If the date inserted in this block does not document's effective date on the Department of Sta		tory filing requirements, th	is date will not be listed as the
Adoption of Amendment(s) (CHEC	CK ONE)		
by the shareholders was/were sufficient for app		of votes east for the amendm	ient(s)
☐ The amendment(s) was/were approved by the s must be separately provided for each voting gr			
"The number of votes east for the amendr	nent(s) was/were sufficier	nt for approval	
by	g group)	•••	
(voting	g group)		
☐ The amendment(s) was/were adopted by the bo action was not required.	ard of directors without s	hareholder action and sharel	holder
☐ The amendment(s) was/were adopted by the incaction was not required.	corporators without share	nolder action and shareholde	er
Dated JAnu	APN 23,00	19	
Signature //	unt ar athar affiance if die	rectors or officers have not b	
		a receiver, trustee, or other	
appointed fiduciary by	y that fiduciary)		
	HOWARD	melame	O
(Ty	ped or printed name of p	erson signing)	
	PRESIDE		
	(Title of person	signing)	