## P08000049312

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: GERVIS CO	NSULTING, INC	,
DOCUMENT NUMBER: P08000049382		
The enclosed Articles of Amendment and fee are subm	itted for filing.	
Please return all correspondence concerning this matter	to the following:	
JODI RONEN		
<del></del>	Name of Contact Person	
ACCU-TAX & ACC	OUNTING SER	VICES, LLC
-	Firm/ Company	,
130 NE 4TH AVE		
	Address	
DEERFIELD BEAC	•	
•	City/ State and Zip Code	
MGERVIS@UNIVERS	AL-TEL.COM	
E-mail address: (to be used	for future annual report no	ification)
;	•	
For further information concerning this matter, please c	all:	
JODI RONEN	at (954	5740081
Name of Contact Person		& Daytime Telephone Number
Enclosed is a check for the following amount made pay	able to the Florida Departn	nent of State:
\$35 Filing Fee \$\sum \$\sum \text{\$\sum \text{\$\sin \sin \text{\$\sin \tex	3\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	3\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Clifton Bu 2661 Exec	nt Section of Corporations

## Articles of Amendment to Articles of Incorporation of

GERVIS CONSULTING, INC	
(Name of Corporation as currently filed with t	he Florida Dept. of State)
P08000049382	
(Document Number of Corporati	on (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, its Articles of Incorporation:	this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation	<del></del>
UNIVERSAL CELLPHONE TRAVEL, I	NC The new
name must be distinguishable and contain the word "corpo, "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," word "chartered," "professional association," or the abbreviat	or "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
	·
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office add	
Name of New Registered Agent	
(Florid	da street address)
New Registered Office Address:	, Florida
(	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered A	
I hereby accept the appointment as registered agent. I am fami	liar with and accept the obligations of the position.
Signature of New Pagista	oved Agent if changing

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.

X Change	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
_X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	VP	GERVIS, GER	RE 5938 CATESBY ST
Add			BOCA RATON, FL 33433
X Remove			
2) Change	VP	LIBERTY, PHI	ILIP A 5938 CATESBY ST
X Add		<del>-</del>	BOCA RATON, FL 33433
Remove			
3 ) Change		_	
Add			
Remove			
4) Change			
Add		,	
Remove			
5) Change			
Add			
Remove			<del></del>
6) Change		_	
Add			
Remove			

,, <del>y</del> ,, <del>y</del> ,, <del>y</del> ,	ticles, enter change(s) here: (Be specific)
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provisions for implementing the ame	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	

The date of each amendment(s) adoption: 12/18/2012	
Effective date if applicable:	_
(no more than 90 days after amendment file date)	
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by"	•
(voting group)	
<ul> <li>□ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.</li> <li>□ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.</li> </ul>	
Dated 12/18/12	
Signature	
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
MERVYN GERVIS	٠.
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	•