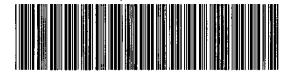
## P0800102032

(Re	questor's Name)	
(Address)		
(Ad	dress)	
(Cit	y/State/Zip/Phone	<del>= #)</del>
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	or,
Certified Copies	_ Certificates	of Status <u>pक्ष्यक्ष्यक</u> ्
Special Instructions to	Filing Officer:	

Office Use Only



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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORP	PORATION:	Phone Shack, Inc.	
DOCUMENT NU	MBER:	P0800012032	
The enclosed Artic	les of Amendment and fee a	are submitted for filing.	
Please return all co	rrespondence concerning thi	is matter to the following:	
		latas Ibrahim	
	N	lame of Contact Person	
-	F	Phone Shack, Inc.	···
		Firm/ Company	
-		272 W. Duval St.	
		Address	
•		ity/ State and Zip Code	
	E-mail address: (to be use	nasmurphycpa.com d for future annual report notification)	
For further informa	tion concerning this matter,	please call:	
	Tom Murphy	at ( 904 ) 4	77-8744
Name	of Contact Person	Area Code & Daytime Te	lephone Number
Enclosed is a check	for the following amount n	nade payable to the Florida Depar	tment of State:
7 \$35 Filing Fee	☐ \$43.75 Filing Fee & Certificate of Status	Certified Copy (Additional copy is enclosed)	☐ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Ad		Street Address	
Amendment Section		Amendment Section	
Division of Corporations		Division of Corporations	
P.O. Box 6327		Clifton Building	1_
Tallahassee, FL 32314		2661 Executive Center Circ	ie

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

с.
the Florida Dept. of State)
tion (if known)
tes, this Florida Profit Corporation adopts the follow
<u>on:</u>
The new poration," "company," or "incorporated" or the Corp," "Inc," or "Co". A professional corporation ation," or the abbreviation "P.A."
272 W. Duval St.
Lake City, Ft. 32055
272 W. Duval St.
Lake City, FL 32055
address in Florida, enter the name of the dress:
I I Saac I brahim
al St. ida street address)
, Florida <u>32055</u> (Zip Code)
iliar with and accept the obligations of the position.

Page 1 of 3

## 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)

<u>Title</u> .	<u>Name</u>	Address	Type of Action
Pres.	Sharif Ladadwa	1223 W. University Ave. Gainesville, FL 32601	
V. Pres	Ishaq Abuayyash	1223 W. University Ave. Gainesville, FL 32601	□ Add □ Remove
Pres	Tsaac Admited ibrahim	272 W. Duval St. Lake City, FL 32055	[7] Add □ Remove
	ding or adding additional Articles dditional sheets, if necessary). (B		
provisio		ge, reclassification, or cancellation of nent if not contained in the amendme	

The date of each amendment	
 Effective date <u>if applicable</u> :	(date of adoption is required)
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/we by the shareholders was/we	re adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.
	re approved by the shareholders through voting groups. The following statement of 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)
	(voting group)
The amendment(s) was/we action was not required.	re adopted by the board of directors without shareholder action and shareholder
The amendment(s) was/we action was not required.	re adopted by the incorporators without shareholder action and shareholder
Dated_>	6/29/09
Signature	
(By sele	a director, president or other officer – if directors or officers have not been exted, by an incorporator – if in the hands of a receiver, trustee, or other court ointed fiduciary by that fiduciary)
	× I Saac I brahim  (Typed or printed name of person signing)
	(Typed or printed name of person signing)
	$\times$ pres
	(Title of person signing)