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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: STREAMUNED MARKETING SYSTEMS, INC.
DOCUMENT NUMBER:
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Doug Wellens Name of Contact Person
<u> </u>
GH PHOX WAY NW Address
Account, GA 30102 Sm &
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Darswellens at 678 462-5275 Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
S35 Filing Fee Certificate of Status Certificate of Status Certificate of Status (Additional copy is enclosed) Certificate of Status (Additional Copy is enclosed)
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301

Articles of Amendment

to

Articles of Incorporation
Commence Manager Commence & The state of the
STREAMONED ITHERETING SISTEMS, June 1
(Name of Corporation as currently filed with the Florida Dept. of State)
(Document Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation:
A. If amending name, enter the new name of the corporation:
The new
name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."
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)
<u>. </u>
D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:
Name of New Registered Agent JOHN C. STALVEY
18231 Ing 1000 way TOTAL BOSTO
(Florida street address)
New Registered Office Address: TALLAHASSAE , Florida 32317 (City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.
The view
Signature of New Registered Agent, if changing
\mathcal{C}

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	PT John D	<u>oe</u>	
X Remove	<u>V</u> <u>Mike J</u>	<u>ones</u>	
X Add	SV Sally S	<u>mith</u>	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change Add Remove	<u>D</u>	Jeannie Stalvey	8116 Lantern Light Ln Tallahassee, FL 32312
2) Change Add Remove		GREGORY P. CHAMBERS	6084 Blue Sky Dr Piagnik, A7 85083
Change Add Remove	0	Douscas M. Wellens	641 PHOX WAY NW ACRESTRA GA 30102
4) Change Add Remove			
5) Change Add Remove			
6) Change Add Remove	 		

•	(Be specific)	
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