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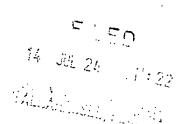
R. WHITE

COVER LETTER

TO: Amendment Section

Division of Corp	orations		
NAME OF CORPO	RATION: MER PC S	ervices, Inc	
DOCUMENT NUM	BER: P0900001957	0	
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corre	spondence concerning this ma	tter to the following:	
	Dan Fadayomi		
		Name of Contact Person	1
	MER PC Services	s	
		Firm/ Company	
	23660 Walden Ct	tr. Dr. #208	
		Address	
	Bonita Springs, F	L 34134	
		City/ State and Zip Code	е
Da	n@MerPcServices	s.com	
		sed for future annual report	notification)
For further information	on concerning this matter, pleas	se call:	
Dan Fadayo	mi	_{at (} 239	, 2732082
Name	of Contact Person	Area Code & Daytime Telephone Numb	
Enclosed is a check for	or the following amount made	payable to the Florida Depa	artment of State:
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$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		Amend Divisio Clifton	Address Iment Section on of Corporations Building Executive Center Circle
1 41			assee, FL 32301

Articles of Amendment Articles of Incorporation \mathbf{of}



MER PC Services, Inc

(Name of Corporation as currently filed with the Florida Dept. of State)

P09000019578			
	_	 -	

nt(s) to

(Document Number of	of Corporation (if k	nown)	
Pursuant to the provisions of section 607.1006, Flori its Articles of Incorporation:	ida Statutes, this <i>Fl</i> e	orida Profit Corporation add	opts the following amendmen
A. If amending name, enter the new name of the	corporation:		
Anywhere Computer Repair, Inc.	С		The new
name must be distinguishable and contain the we "Corp.," "Inc.," or Co.," or the designation "Cor word "chartered," "professional association," or th	rp," "Inc," or "Co	". A professional corporal	rated" or the abbreviation
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET AL			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	B OX)		
			
D. If amending the registered agent and/or regist new registered agent and/or the new registere		s in Florida, enter the nam	e of the
Name of New Registered Agent			
Name of New Registered Agent	· · · · · ·		
	(Florida street	address)	
New Registered Office Address:		, Florida	
	(City)		(Zip Code)
New Registered Agent's Signature, if changing Relatively accept the appointment as registered agent.		h and accept the obligations	of the position.
Signature of s	New Registered Age	ent, if changing	

The date of each amendment(s) ado	ption:	, if other than the
date this document was signed.		
Effective date if applicable:		<u> </u>
	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopt by the shareholders was/were suffi	ted by the shareholders. The number of votes cast for the amendment(s) icient for approval.	
	oved by the shareholders through voting groups. The following statement ach voting group entitled to vote separately on the amendment(s):	
"The number of votes cast fo	or the amendment(s) was/were sufficient for approval	
by	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	(voting group)	
The amendment(s) was/were adopt action was not required.	ted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were adopt action was not required.	ted by the incorporators without shareholder action and shareholder	
Dated 07/22/14	_	
15000	· ·	
Signature	4 Hajorgona	
	ector, president or other officer - if directors or officers have not been	
	by an incorporator – if in the hands of a receiver, trustee, or other court d fiduciary by that fiduciary)	
.,		
<u></u>	Dan Fadayomi	
	(Typed or printed name of person signing)	
F	President	
-	(Title of person signing)	