

P09000036921

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

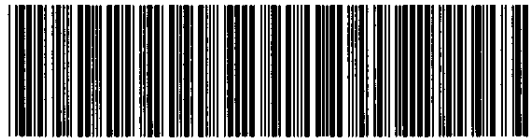
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800155735638

Amend

05/11/09--01051--019 **43.75

FILED
2009 MAY 27 PM 3:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

X00789, 00624, 00672

ADR
5/27/09

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: BSSN INTERNATIONAL, INC

DOCUMENT NUMBER: P09000036921

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Y PESTANO

Name of Contact Person

BUSINESS SERVICE & SUPPORT NETWORK, INC

Firm/ Company

7758 NW 44 ST

Address

SUNRISE, FLORIDA 33351

City/ State and Zip Code

YVETTE.PESTANO@BSSNUSA.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Y PESTANO

Name of Contact Person

at (954)

578-0016

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department 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

Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 15, 2009

Y Pestano
Business Service & Support Network
7758 NW 44 St.
Sunrise, FL 33351

SUBJECT: BSSN INTERNATIONAL, INC
Ref. Number: P09000036921

We have received your document for BSSN INTERNATIONAL, INC and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must have original signatures.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6907.

Annette Ramsey
Regulatory Specialist II

Letter Number: 509A00016692

RECEIVED
2009 MAY 27 AM 8:00
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

Articles of Amendment
to
Articles of Incorporation
of

FILED

BSSN INTERNATIONAL, INC

2009 MAY 27 PM 3: 38

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

P09000036921

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(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)

**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:

New Registered Office Address:

_____ (Florida street address)

_____, Florida
(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.

Signature of New Registered 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)

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
VP1	ANDRES LOPEZ-QUIJANO	7756A NW 44 ST SUNRISE, FLORIDA 33351	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
VP1	YVETTE PESTANO	7758 NW 44 ST SUNRISE, FLORIDA 33351	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

E. If amending or adding additional Articles, enter change(s) here:
(attach additional sheets, if necessary). (Be specific)

F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:
(if not applicable, indicate N/A)

The date of each amendment(s) adoption: 5/6/09

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)

☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.

☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Dated 5/6/09

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)

ALI E. PAULA

(Typed or printed name of person signing)

VICE PRESIDENT 2

(Title of person signing)