

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

49497

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To:

Division of Corporations
Fax Number : (850) 617-6380

From:

Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305) 634-3694
Fax Number : (305) 633-9696

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

COR AMND/RESTATE/CORRECT OR O/D RESIGN
MOBILE SOLUTIONS NET INC

Certificate of Status	0
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Corporate Filing Menu

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COVER LETTER

H 11000221141

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: MOBILE SOLUTIONS NET INC.

DOCUMENT NUMBER: P09000094678

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

Please return all correspondence concerning this matter to the following:

NIRIAM PEREZ

Name of Contact Person

NMP PROFESSIONAL SERVICES INC.

Firm/ Company

2500 SW 107 AVE STE 8

Address

MIAMI, FL 33165

City/ State and Zip Code

nmpprofessionals@bellsouth.net

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

For further information concerning this matter, please call:

niriam perez

Name of Contact Person

at (305)

Area Code & Daytime Telephone Number

221-8176

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

H 11000221141



September 8, 2011

FLORIDA DEPARTMENT OF STATE
Division of Corporations

MOBILE SOLUTIONS NET INC
927 WEST 29 STREET
HIALEAH, FL 33012

SUBJECT: MOBILE SOLUTIONS NET INC
REF: P09000094678

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The document submitted does not meet legibility requirements for electronic filing. Please do not attempt to refax this document until the quality has been improved.

Section 607.0120(4), 617.01201, or 608.4081, Florida Statutes, requires all corporate documents to be typewritten or printed in ink.

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) 245-6916.

Carol Mustain
Regulatory Specialist II

FAX Aud. #: H11000221141
Letter Number: 211A00020889

RECEIVED
11 SEP 12 AM 10:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

P.O BOX 6327 - Tallahassee, Florida 32314

Articles of Amendment
to
Articles of Incorporation
of

MOBILE SOLUTIONS NET INC.

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

P09000094678

(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:

ELIER VARGAS HUET

1950 W 54 ST APT 110

New Registered Office Address:

(Florida street address)

HIALEAH, FL

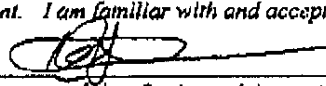
(City)

Florida 33012

(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>
<u>P</u>	<u>SANDRA SANCHEZ</u>	<u>5625 W 20 AVE APT 402</u> <u>HAIALEAH, FL 33012</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
<u>VP</u>	<u>ANDRES DEL TORO</u>	<u>5625 W 20 AVE APT 402</u> <u>HAIALEAH, FL 33012</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
<u>P</u>	<u>ELIER VARGAS HUET</u>	<u>1950 W 54 ST APT 110</u> <u>HAIALEAH, FL 33012</u>	<input checked="" 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)

N/A

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)

N/A

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The date of each amendment(s) adoption: 09/09/2011

(date of adoption is required)

Effective date if applicable: 09/09/2011

(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 09/09/2011

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)

ANDRES DEL TORO

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

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