P10000014502

| (Re | questor's Name) | |
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| (Cit | ry/State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL |
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| Certified Copies | _ Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
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SECULABOAR OF STATE
TALLAHASSEE, FLORIDA

The Court of the C

MAY 22 2017 C MCNAIR

COVER LETTER

FILED

TO: Amendment Section Division of Corporations

2011 HAY 18 PH 2: 44

| Division of Corporations | | SECAL MARY OF STATE |
|--|--|---|
| NAME OF CORPORATION: MOBILE CELLS- | R-US INC | TALLAHASSEE, FLORIDA |
| DOCUMENT NUMBER: P10000014502 | | |
| The enclosed Articles of Amendment and fee are su | bmitted for filing. | |
| Please return all correspondence concerning this ma | tter to the following: | |
| MATTHEW CALVIN | | |
| | Name of Contact Person | 1 |
| MC MARKETING CORP | | |
| | Firm/ Company | |
| 14545 J MILITARY TRAIL | SUITE 327 | |
| | Address | |
| DELRAY BEACH, FL 3348 | 4 | |
| | City/ State and Zip Cod | 9 |
| MCMARKETINGGROUP4U@G | MAIL COM | |
| • | sed for future annual report | notification) |
| 333.0330 (0.2.33 | | · |
| For further information concerning this matter, please | se call: | |
| MATTHEW CALVIN | at (| 526-0096 |
| Name of Contact Person | | de & Daytime Telephone Number |
| Enclosed is a check for the following amount made | payable to the Florida Depa | artment of State: |
| S35 Filing Fee S43.75 Filing Fee & Certificate of Status Cleck #753 | □\$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 Tallanassee, FL 32314 | Ameno Divisio Clifton 2661 E | Address Iment Section on of Corporations Building executive Center Circle assee, FL 32301 |

Articles of Amendment to Articles of Incorporation of

FILED

| | 2817 MAT +8 PM 2: 45 | | |
|---|--|--|--|
| (Name of Corporation as current | tly filed with the Florida Dept. of State) | | |
| P10000014502 | JALLAHASSEE, FLORIDA | | |
| (Document Number of | of Corporation (if known) | | |
| Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation: | s Florida Profit Corporation adopts the following amendment(s) to | | |
| A. If amending name, enter the new name of the corporation: | | | |
| MC MARKETING CORP. | The new | | |
| name must be distinguishable and contain the word "corporati "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation | on," "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the | | |
| B. Enter new principal office address, if applicable: | 14545 J MILITARY TRAIL | | |
| (Principal office address <u>MUST BE A STREET ADDRESS</u>) | SUITE 327 | | |
| | DELRAY BEACH, FL 33484 | | |
| C. Enter new mailing address, if applicable: | 14545 J MILITARY TRAIL | | |
| | | | |
| (Mailing address MAY BE A POST OFFICE BOX) | SUITE 327 | | |
| | | | |
| | SUITE 327 DELRAY BEACH, FL 33484 dress in Florida, enter the name of the | | |
| (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office add | SUITE 327 DELRAY BEACH, FL 33484 dress in Florida, enter the name of the | | |
| (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address N/A | SUITE 327 DELRAY BEACH, FL 33484 dress in Florida, enter the name of the | | |
| (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address Name of New Registered Agent N/A | SUITE 327 DELRAY BEACH, FL 33484 dress in Florida, enter the name of the | | |
| (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address Name of New Registered Agent N/A | DELRAY BEACH, FL 33484 dress in Florida, enter the name of the as: | | |

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 <math>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 | <u>PT</u> | John Doe | |
|----------------------------|--------------|-------------|-----------------|
| X Remove | <u>v</u> | Mike Jones | |
| X Add | <u>sv</u> | Sally Smith | |
| Type of Action (Check One) | <u>Title</u> | Name | <u>Addres</u> s |
| 1) Change | | <u>N/A</u> | N/A |
| Add | | | |
| Remove | | | |
| 2) Change | | | |
| Add | | | |
| Remove | | | |
| 3) Change | <u></u> | | |
| Add | | | |
| Remove | | | |
| 4) Change | | | |
| Add | | | |
| Remove | | | |
| 5) Change | | | |
| Add | | | |
| Remove | | | |
| 6) Change | , | | |
| Add | | | |
| Remove | | | |

| E. If amending or adding additional Art (Attach additional sheets, if necessary). | (Be specific) |
|---|--|
| N/A | |
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| r. If an amendment provides for an exc provisions for implementing the ame | change, reclassification, or cancellation of issued shares, tendment if not contained in the amendment itself: |
| (if not applicable, indicate N/A) | |
| N/A | |
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| | 3/17/2017 | |
|---|---|---|
| The date of each amendment(s) a | doption: | , if other than the |
| date this document was signed. | | |
| N// Effective date if applicable: | , | |
| Effective date in applicable. | (no more than 90 days after amendn | nent file date) |
| Note: If the date inserted in this document's effective date on the D | block does not meet the applicable statutory filing partment of State's records. | requirements, this date will not be listed as the |
| Adoption of Amendment(s) | (CHECK ONE) | |
| ☐ The amendment(s) was/were ad by the shareholders was/were s | opted by the shareholders. The number of votes ca afficient for approval. | st for the amendment(s) |
| | proved by the shareholders through voting groups. each voting group entitled to vote separately on the | |
| "The number of votes cas | for the amendment(s) was/were sufficient for appr | oval |
| by N/A | | 31 |
| бу | (voting group) | · |
| action was not required. | opted by the board of directors without shareholder opted by the incorporators without shareholder acti | |
| • | | |
| 5/12/2017 Dated | 1172 | |
| Signature | lirector, president or other officer – if directors or o | Micars have not been |
| | d, by an incorporator – if in the hands of a receiver | |
| | ted fiduciary by that fiduciary) | , |
| | MATTHEW CALVIN | |
| | (Typed or printed name of person sign | ing) |
| | PRESIDENT | |
| | (Title of person signing) | |