P1000032830

(Re	equestor's Name)	
(Ad	dress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	> #)
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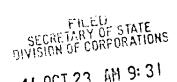
TO: Amendment Section Division of Corporations

Division of Corporations			
NAME OF CORPORATION:	SATPHO	NE SOLU	TIONS, INC.
DOCUMENT NUMBER: P1	00000328	330	
The enclosed Articles of Amendm	ant and fee are subm	uitted for filing	
•		-	
Please return all correspondence c	_	-	
CONRAD J WI	EBBER JI	R	
	(Name of Contact Person	1)
SATPHONE SO	DLUTION	S, INC	
		(Firm/ Company)	
2495 NW 35th	AVE		
		(Address)	
MIAMI, FL, 331	42		
	(City/ State and Zip Cod	e)
tamara.c	astillo@a	tlanticrt.coi	m
E-mail	address: (to be used	for future annual report	notification)
For further information concerning	g this matter, please c	all:	
Tamara Castillo		_{at (} 305	405-7227
(Name of Contact l	Person)	(Area Co	ode & Daytime Telephone Number)
Enclosed is a check for the follow	ing amount made pay	able to the Florida Depa	artment of State:
	43.75 Filing Fee & A	\$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 See Division of Corp P.O. Box 6327	tion	Amend Divisio	Address ment Section on of Corporations Building

Tallahassee, FL 32314

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of



STATPHONE SOLUTIONS, INC	14 001 23 811
(Name of Corporation as currently filed with the	Florida Dept. of State)
P10000032830	
(Document Number of Corporation	(if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, the ts Articles of Incorporation:	is Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the corporation:	The new
name must be distinguishable and contain the word "corporat "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc." or word "chartered," "professional association," or the abbreviation	ion," "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the
D. Enton new principal office address if applicable.	2495 NW 35TH AVE
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	
	MIAMI, FL. 33142
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	2495 NW 35TH AVE
;	
	MIAMI, FL. 33142
D. If amending the registered agent and/or registered office ad	dress in Florida, anter the name of the
new registered agent and/or the new registered office addre	
Name of New Registered Agent	
·	
(Florida s	treet address)
	, Florida
New Registered Office Address: (Cit	

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)

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 X Remove X Add	<u>PT</u> <u>V</u> <u>SV</u>	John Doe Mike Jones Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1)Change	T	MICHELLE WEBBER	
Add			MIAMI, FL, 33190
X Remove			
2) Change	•		
Add			
Remove			
3)Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)				
(attach additional sheets, if nec	essary). (Be specific)		
N/A				
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The date of each amendment(s) adoption: 10/20/2014 SECRETARY OF STATE DIVISION OF CORPORATIONS date this document was signed. 10/20/2014 Effective date if applicable: 14 OCT 23 AH 9: 31 (no more than 90 days after amendment file date) Adoption of Amendment(s) (CHECK ONE) The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval. There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors. Dated Signature (By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary) CONRAD J WEBBER JR (Typed or printed name of person signing) **PRESIDENT** (Title of person signing)