## P100000047476

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SECHETARY OF STATE DIVISION OF CORPORATIONS

1. Lewis

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: CATEGORY 5 INC.					
DOCUMENT NUMBER: P100047476 P10000047476					
The enclosed Articles of Amendment and fee are submitted for filing.					
Please return all correspondence concerning this matter to the following:					
BRIAN KOBOSKO					
Name of Contact Person					
CATEGORY 5 INC.					
Firm/ Company					
6662 HILLSIDE LN.					
Address					
LAKE WORTH, FL 33462					
City/ State and Zip Code					
KOBOSKO@OUTLOOK.COM					
E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
BRIAN KOBOSKO at (561 ) 506-4153					
Name of Contact Person Area Code & Daytime Telephone Number					
Enclosed is a check for the following amount-made payable to the Florida Department of State:					
\$35 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed)  \$43.75 Filing Fee & Certified Copy (Additional Copy is enclosed)					
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301					

## Articles of Amendment to

Articles of Incorporation of

FILLED SECRETARY OF STATE DIVISION OF CORPORATIONS

CATEGORY	D MC.		14 OCT 20	PH 1: 34	
(Name of Corporation as cur	rently filed with the F	orida Dept. of State)			
P10000047476					
(Document Nu	mber of Corporation (if	`known)		•	
Pursuant to the provisions of section 607.1006 its Articles of Incorporation:	, Florida Statutes, this	Florida Profit Corporation ado	pts the following	g amendment(s) t	
A. If amending name, enter the new name	of the corporation:				
KOBOSKO CORPORATIOI	V			The new	
name must be distinguishable and contain "Corp.," "Inc.," or Co.," or the designation word "chartered," "professional association,	i "Corp," "Inc," or "(	Co". A professional corporati	ated" or the ai on name must o	- bbreviation	
B. Enter new principal office address, if ap	nlicable:	6662 HILLSIDE I	LN.		
(Principal office address MUST BE A STRE		LAKE WORTH, F	L 33462		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		6662 HILLSIDE I			
		LAKE WORTH, F	L 33462		
<ol> <li>If amending the registered agent and/or new registered agent and/or the new reg</li> </ol>			of the		
Name of New Registered Agent Bf	BRIAN KOBOSKO				
660	62 HILLSIDE LN. / L	AKE WORTH, FL 33462			
	(Florida str	eet address)			
New Registered Office Address: 660	(Florida street address)  6662 HILLSIDE LN. / LAKE WORTH, Florida (Zip Code)				
	(City)		(Zip Code)		
New Registered Agent's Signature, if change I hereby accept the appointment as registered			of the position.		

Signature of New Registered Agent, if changing

If amending the Officers and/or Director's, 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:		LI D	
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)	Title	Name	<u>Addres</u> s
1) Change	VP	JEREMY KOBOSKO	3080 SPRINGFIELD LANE
Add			LAKE WORTH, FL 33461
Remove			
2) Change	<del></del>		
Add			
Remove			
3) Change			· · · · · · · · · · · · · · · · · · ·
Add			
Remove			
4) Change			
Add			
Remove			
5) Change		_	
Add			
Remove			
6) Change			
Add			
Remove			

		if necessary).	•				A	- 4	<i>ب</i> س
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isions fo	<u>r implemer</u>	es for an exc nting the am						res.	
(if not app	plicable, in	dicate N/A)							
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The date of each amendment(s) adoption:	SECRETARY OF STATE	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :	14 OCT 20 PM 1: 34	
	o more than 90 days after amendment file date)	_
Adoption of Amendment(s) (CHEC	K ONE)	
The amendment(s) was/were adopted by the shareby the shareholders was/were sufficient for approximately	eholders. The number of votes cast for the amendment(s) oval.	
	reholders through voting groups. The following statement up entitled to vote separately on the amendment(s):	
"The number of votes cast for the amendment	ent(s) was/were sufficient for approval	
by		
(voting	group)	
The amendment(s) was/were adopted by the boar action was not required.	d of directors without shareholder action and shareholder	
The amendment(s) was/were adopted by the inco action was not required.	rporators without shareholder action and shareholder	
Dated_10/15/2014		
Signature Brian A	blosk	
(By a director, presiden	t or other officer – if directors or officers have not been rator – if in the hands of a receiver, trustee, or other court that fiduciary)	<del></del>
BRIAN KOE	BOSKO	
	(Typed or printed name of person signing)	_
PRESIDEN	Т	
	(Title of person signing)	