

P11000071370

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

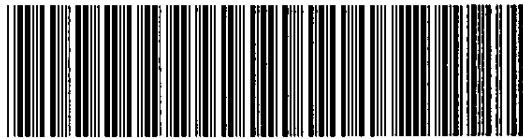
(Business Entity Name)

(Document Number)

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09/02/11--01018--007 \*\*43.75

FILED  
2011 SEP 28 AM 8:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Amend  
TBrown 9-29-11

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** NI SATELLITE INC

**DOCUMENT NUMBER:** P 11000071370

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

Please return all correspondence concerning this matter to the following:

IRIS POSIN

Name of Contact Person

Gmpcs Personal Communications Inc

Firm/ Company

1501 Green RD Suite A-B

Address

Pompano Beach FL 33064

City/ State and Zip Code

iris@gmpcs-us.com

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

For further information concerning this matter, please call:

IRIS POSIN

Name of Contact Person

at ( 954 ) ~~363~~ 363.3365

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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
SEP 28 AM 8:05

RECEIVED



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 8, 2011

ROBERT S HORWITZ, ESQ  
CONROY, SIMBERG ET AL  
1801 CENTREPARK DR E STE 200  
W PALM BEACH, FL 33401

SUBJECT: NI SATELLITE INC.  
Ref. Number: P11000071370

We have received your document for NI SATELLITE 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 be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

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) 245-6925.

Teresa Brown  
Regulatory Specialist II

Letter Number: 211A00020842



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 21, 2011

ROBERT S HORWITZ, ESQ  
CONROY, SIMBERG ET AL  
1801 CENTREPARK DR E STE 200  
W PALM BEACH, FL 33401

SUBJECT: NI SATELLITE INC.  
Ref. Number: P11000071370

We have received your document for NI SATELLITE 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) 245-6925.

Teresa Brown  
Regulatory Specialist II

Letter Number: 611A00021829

Articles of Amendment  
to  
Articles of Incorporation  
of

NI Satellite Inc.

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

P11000071370

(Document Number of Corporation (if known))

FILED  
2011 SEP 28 AM 8:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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>
<u>Secretary</u>	<u>John Spronk</u>	<u>1501 Green Road Suite A-B</u> <u>Pompano Beach, FL 33064</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>President</u>	<u>Tim Harkema</u>	<u>1501 Green Road Suite A-B</u> <u>Pompano Beach, FL 33064</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>Secretary</u>	<u>Michael Huisman</u>	<u>2110 Boston Street, NE</u> <u>Grand Rapids, MI 49506</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove

**E. If amending or adding additional Articles, enter change(s) here:**

*(attach additional sheets, if necessary). (Be specific)*

President - Elizabeth Huisman, 2110 Boston Street, NE Grand Rapids, MI 49506 REMOVE

**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: 8/9/2011

(date of adoption is required)

Effective date if applicable: 8/9/2011

(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):*

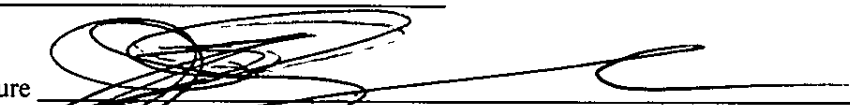
“The number of votes cast for the amendment(s) was/were sufficient for approval

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 8/30/2011

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)

John Spronk

(Typed or printed name of person signing)

Secretary

(Title of person signing)