

(Reque	stor's Name)	
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PICK-UP	WAIT	MAIL
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(Docur	ment Number)	
Certified Copies	Certificates	of Status
Special Instructions to Fili	ng Officer:	
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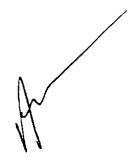
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CEC 2.8 2017



COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: TWO NA	y RADIO GEA	R, INC.
DOCUMENT NUMBI	er: <u>P 1100</u>	00078105	<u>f</u>
	f Amendment and fee are sul	omitted for filing.	
Please return all corresp	ondence concerning this mat	ter to the following:	
	DAVID	M. 11.071)
-	<i>D</i> 1110	Mr. LLOYI Name of Contact Person	
-	INO WA	H KHDIO G	EAR, INC.
		Firm/ Company	·
	6929 LT	C PARKWA	Ψ
_		Address	
	PORT St.	LICIE FL City/ State and Zip Cod	34986
_		City/ State and Zip Cod	e e
	54.00		10:00 000 000
	DAVID CE	TWOWAYRI	ADIOGEAR. COM
	ri-man address; (to be us	ea for unure almuai report	notification)
For further information	concerning this matter, pleas	e call:	
		0	
	LL040	at (77 <i>&</i>	de & Daytime Telephone Number
Name of	f Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made [payable to the Florida Depa	artment of State:
□ \$35 Filing Fee	□\$43.75 Filing Fee &	(1) 75 PH P P.	\$52.50 Filing Fee Certificate of Status
La sas rining rec	Certificate of Status	Certified Conv	Certificate of Status
		(Additional copy is	Certified Copy
		enclosed)	(Additional Copy
			is enclosed)
Maili	ing Address	Street	Address
	ndment Section		Iment Section

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

Division of Corporations

2661 Executive Center Circle Tallahassee, FL 32301

Clifton Building

Articles of Amendment to Articles of Incorporation

of

TWO WAY R	ADIO GEAR INC.
(Name of Corporation as cu	rrently filed with the Florida Dept, of State)
P 110	00078104
(Document Num	OOO7810 4 ther of Corporation (if known)
	this Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the corporation	ni:
NIA	The new
name must be distinguishable and contain the word "corpo" "Corp.," "Inc.," or Co.," or the designation "Corp." "Inc.," word "chartered," "professional association," or the abbrevia	oration," "company," or "incorporated" or the abbreviation or "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	N/A
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	
new registered agent and/or the new registered office ac	ttress:
Name of New Registered Agent	NA
(Flor	ula street address)
New Registered Office Address:	(City) T (Zip Gode)
New Registered Agent's Signature, if changing Registered : I hereby accept the appointment as registered agent.—I am fam	Agent:
	<u> </u>
Signature of a	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: \underline{X} Change	<u>PT</u> John l	Dog	
X Remove	<u>V</u> <u>Mike</u>	Jones	
<u>X</u> Add	<u>SV</u> <u>Sally</u>	Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	<u>CEO</u>	DAVIO LLOYD	3803 Eleven Mile RD
X Add			FORT PIERCE, FL
Remove			34945
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
_ Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

nch additional sheets, if necessary). (Be sp	<i>i</i>			
	N/A		·	
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i amendment provides for an exchange, re	velassification or e-	meallation of issue	d churae	
visions for implementing the amendment	if not contained in	the amendment its	elf:	
(if not applicable, indicate N A)				
DAVIO LLOYD 514	7s			
LYNDA LLOYD 49				
LYNUA CCOTU TI	_ <u>3_0</u>			
			<u>.</u>	
<u></u>			-	_

The date of each amendment(s) adoption:	12/20/17	
date this document was signed.		
Effective date <u>if applicable</u> : (me	12/1/17	
- inc	a more than 90 days after amendment fil	e date)
Note: If the date inserted in this block does not m document's effective date on the Department of State		rements, this date will not be listed as the
Adoption of Amendment(s) (CHECT	K ONE)	
. The amendment(s) was/were adopted by the share by the shareholders was/were sufficient for approximately the shareholders was approximately		he amendment(s)
☐ The amendment(s) was/were approved by the sha must be separately provided for each voting group		
"The number of votes cast for the amendme		
by(voting s	<u> </u>	
(voting s	group)	
☐ The amendment(s) was/were adopted by the boar action was not required.	rd of directors without shareholder action	and shareholder
The amendment(s) was/were adopted by the inco- action was not required.	orporators without shareholder action and	shareholder
Dated	17	
Signature Runda X	210yd n or other officer - if directors or officers	
	rator - if in the hands of a receiver, truste	
Lynda	2. A. Lloyd ped or printed name of person signing)	
Pres	(Title of person signing)	
	(Title of person signing)	