(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	<del>&gt; #)</del>
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	,
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11/21/11--01019--015 \*\*35.00

Amend
TBrown 11-28-11

## **COYER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPOR	ATION: DRB TELECOM	MUNICATIONS, INC	
DOCUMENT NUME	BER: P11000096346		<del></del>
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corres	spondence concerning this ma	atter to the following:	
<u>Cesa</u>	r Shlain	ame of Contact Person	
_			
Cons	ulting & Service Solution Co	Firm/ Company	
2020	NE 163 Street 300S		
		Address	
<u>Mian</u>	ni, FL, 33160	ty/ State and Zip Code	
	Ci	ty/ State and Zip Code	
consu	ltingsolution@bellsouth.net E-mail address: (to be us	sed for future annual report	notification)
For further information	1 concerning this matter, plea	se call:	
		at (	)
Name o	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	r the following amount made	payable to the Florida Dep	artment 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)
	ling Address	· · · · · · · · · · · · · · · · · · ·	Address

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation

FILED	
2011 NOV 21 PH 12: 2	
MASSEE, FLORID.	

DRB TELECOMMUNICATIONS, INC.

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

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:  (Florida street address)	(Name of Corporation as currently filed with the FI	iorida Dept. of State) "AS	3FF 51
(Document Number of Corporation (if known)  Pursuant to the provisions of section 607,1006, Florida Statutes, this Florida Profit Corporation adopts the followamendment(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:  [Florida street address]	P11000096346		
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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:  (Florida street address)	abbreviation "Corp" "Inc.," or Co.," or the designation "Corp,"	" "Inc," or "Co". A professional corpora	r the ution
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:  (Florida street address)			
Name of New Registered Agent:  (Florida street address)	C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
(Florida street address)	new registered agent and/or the new registered office address:	<u>:</u>	
·	Name of New Registered Agent:		
Now Project and Office Address	(Florida stre	eet address)	
New Registered Office Address: , Florida, Florida	New Registered Office Address:	, Florida	
(City) (Zip Code)	(City)	(Zip Code)	ı
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	hereby accept the appointment as registered agent. I am familiar w	with and accept the obligations of the positi	on.

Page 1 of 4

## If AMENDING the Officers and/or Directors, please list all officers/directors of the corporation as you now want the record to be. Please indicate the title(s), name and address for each officer/director. (Our database can index up to 6 officers/directors. If you have more than 6 officers/directors, please list them on an

additional sheet.)

Title(s)	<u>Na</u>	<u>me</u>		Address
1) <u>P</u>	DA	NIEL COHEN	<b>-</b>	2020 NE 163 STREET 300 S MIAMI, FL 33162
2) <u>VP</u>	RC	BERT KRAM	<u> </u>	2020 NE 300 S MIAMI, FL 33162
3) <u>D</u>	<u>BR</u>	YAN RUSSELL		2020 NE 163 STREET 300 S MIAMI, FL 33162
4) <u>S</u>	<u>AB</u>	BRAHAM COHEN		2020 NE 163 STREET 300 S MIAMI, FL 33162
5)			- -	
6)	<del></del>			
<u>if REMOVINC</u>	S an officer an	d/or director, please list the ti	tle(s) and	name of the officer/director to be removed:
Title(s)	<u>Name</u>		Title(s)	<u>Name</u>
1) <u>D</u>	BRYAN RU	JSELL	4)	
2)			5)	
3)			6)	

E. If amending or adding additional Artication (attach additional sheets, if necessary).	cles, enter change(s) (Be specific)	<u>here</u> :	
		<u> </u>	
			· · · · · · · · · · · · · · · · · · ·
	<del></del>		
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		<u></u>	
	·		

F. If an amendment	provides for an exchange, reclassification, or cancellation of issued shares, blementing the amendment if not contained in the amendment itself:
	le, indicate N/A)
he date of each amer	ndment(s) adoption: 11/15/2011
ffective date <u>if applic</u>	pable: 11/15/2011
nective date <u>it appar</u>	(no more than 90 days after amendment file date)
	(10 110) - 1100 -
doption of Amendm	ent(s) ( <u>CHECK ONE</u> )
den 1	the state of the s
	was/were adopted by the shareholders. The number of votes cast for the amendment(s) was/were sufficient for approval.
by the shareholders	was/were sufficient for approval.
	was/were approved by the shareholders through voting groups. The following statement provided for each voting group entitled to vote separately on the amendment(s):
	of votes cast for the amendment(s) was/were sufficient for approval
hv	"
ОУ	(voting group)
	. 66 1/
The amendment(s) vaction was not requi	was/were adopted by the board of directors without shareholder action and shareholder red.
The amendment(c) u	vas/were adopted by the incorporators without shareholder action and shareholder
action was not requi	
ustion was not requi	•••
Date	11/15/2011
Dated	0 0 00
a.	62.0
Signa	(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)
	11
	Daniel Cohen
	(Typed or printed name of person signing)
	(1) ped of printed fame of person signing)
	President
	President (Title of person signing)
	(Title of person signing)