P11000102757

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



800217369728

01/09/12--01011--008 **35.00

SECRETARY OF STALE

ARTHURAL AND ARTHU

Malle

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPOR	ATION: BLUFI W	IRELESS, INC).
DOCUMENT NUMB	ER: P11000102	757	
	f Amendment and fee are su		\
	,		
Please return all corresp	condence concerning this ma	tter to the following:	
_	Arn	nando M. Mar	tinez
_		Name of Contact Person	1
(c/o Demos Glo	obal Group, Ind	C.
-		Firm/ Company	
	F	P.O.BOX 5606	68
-		Address	
	Miami,	Florida 33256	5-0668
-		City/ State and Zip Code	3
	tm(@demosgloba	l.es
***************************************		sed for future annual report	
	concerning this matter, please		070 0070
Armando M. Martinez <u>at</u> 305 670-0979			
Name of Contact Person Area Code & Daytime Telephone Number			
Enclosed is a check for	the following amount made	payable to the Florida Depa	rtment of State:
\$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is	□\$52.50 Filing Fee Certificate of Status Certified Copy
	enclosed)	(Additional C	
			is enclosed)
	ng Address		<u>Address</u>
	ndment Section	Amendment Section	
	ion of Corporations		n of Corporations
	Box 6327	•	Building
I aliai	hassee, FL 32314		xecutive Center Circle ssee, FL 32301

Articles of Amendment to Articles of Incorporation

BLUFI WIRELESS, INC.

(Name of Corporation as currently filed with the Florida Dept. of State) P11000102757

(Document Num	ber of Corporation (if know	mu)		
Pursuant to the provisions of section 607.1006, I its Articles of Incorporation:	Florida Statutes, this <i>Florid</i>	da Profit Corporation a	dopts the following a	imendment(
A. If amending name, enter the new name of	the corporation:			
				he new
name must be distinguishable and contain the "Corp.," "Inc.," or Co.," or the designation 'word "chartered," "professional association," o	"Corp," "Inc," or "Co".	A professional corpore	rated" or the abb viion name must co	reviation ntain the
B. Enter new principal office address, if appli				
(Principal office address MUST BE A STREET	<u>'ADDRESS</u>)			
				
	• —			F.cn
C. Enter new mailing address, if applicable:	TE ROY)			. [6
(Mailing address MAY BE A POST OFFIC	<u>E B())</u>			7 A A
				
		<u>-</u>		— Äi⊣
D. If amending the registered agent and/or re	eistered office address in	Florida, enter the nan	ne of the	P
new registered agent and/or the new regist		101101	<u></u>	33
Name of New Registered Agent				
				-
	(Florida street add	(ress)		
New Registered Office Address:		, Florida_		
The Beginst to Office Into the	(City)		(Zip Code)	
New Registered Agent's Signature, if changing thereby accept the appointment as registered ag		nd accept the obligation:	s of the position.	
Cimatan	of New Registered Agent.	if changing		
Signature	ој .чем кедімегей Аделі.	ij ciunging		

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: <u>X</u> Change	<u>PT</u> Jol	nn Dog	
X Remove		ke Jones	
X Add		lly Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change Add XXX Remove	<u>P/S</u>	David Angers	45 Odell School Road Concord, NC 28207
2) Change XXX Add Remove	<u>P/S</u>	Daniel Rhodes	45 Odell School Road Concord, NC 28207
3) Change Add Remove			
4) Change Add Remove			
5) Change Add Remove			
6) Change Add Remove			

f amending or adding additional Ar attach additional sheets, if necessary)	. (Be specific)		,	
	, , , , , , , , , , , , , , , , , , ,			
		· · · · · · · · · · · · · · · · · · ·		
		{		
			.	•
				<u></u>
			,	······································
,				
	·		,	
an amendment provides for an excl rovisions for implementing the ame (if not upplicable, indicate N/A)	bange, reclassific indment if not co	ation, or cancells ntained in the an	ition of issued sh nendment itself:	ares,
			•	

The date of each amend	ment(s) adoption: November 24, 2011
Effective date if applica	ble:
	(no more than 90 days after amendment file date)
Adoption of Amendmen	(s) (<u>CHECK ONE</u>)
The amendment(s) was by the shareholders w	is/were adopted by the shareholders. The number of votes east for the amendment(s) as/were sufficient for approval.
	s'were approved by the shareholders through voting groups. The following statement avided for each voting group entitled to vote separately on the amendmentts):
"The number of	votes cast for the amendment(s) was/were sufficient for approval
by	(voting group)
	(voting group)
The amendment(s) was action was not required	s'were adopted by the board of directors without shareholder action and shareholder d.
The amendment(s) wa	s/were adopted by the incorporators without shareholder action and shareholder 1.
Dated	November 24, 2011
Signatu	re Deside
	(By a director, president or other officer—it 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)
	Darren Bruce Brighton
	(Typed or printed name of person signing)
	Vice President
	(Title of person signing)