P12000043420

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

Office Use Only



400236018714

06/11/12--01042--002 **43.75

12 IIIN | AMII: 03

Amund cus ja. U/13/12

COVER LETTER

TO: Amendment Section

Amendment Section Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

| Division of Corporations |
|---|
| NAME OF CORPORATION: I MOCIALIZE MOBILE INC. |
| DOCUMENT NUMBER: P120000 43420 |
| The enclosed Articles of Amendment and fee are submitted for filing. |
| Please return all correspondence concerning this matter to the following: |
| Chase Michaels Name of Contact Person i Mocjalize Mobile Inc. Firm/ Company 504 A/CAZAR AVE. Address ALTAMONTE SIRINGS FL. 32844 City/ State and Zip Code iMocjalize g gmail. com E-mail address: (to be used for future annual report notification) |
| Name of Contact Person |
| - MOCIALIZE MODILE INC. |
| Firm/ Company |
| 504 ALCAZAR AVE. |
| Address |
| ALTAMONTE SPRINGS FL. 32714 |
| City/ State and Zip Code |
| imociacize @ amail.com |
| E-mail address: (to be used for future annual report notification) |
| |
| For further information concerning this matter, please call: |
| Chase Michaels at 321 400-0295 Name of Contact Person Area Code & Daytime Telephone Number |
| 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 Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed) Certified Copy (Additional Copy is enclosed) |
| Mailing Address Amendment Section Street Address Amendment Section |

Division of Corporations

2661 Executive Center Circle Tallahassee, FL 32301

Clifton Building

Articles of Amendment to

Articles of Incorporation of

| I MOCIALIZE MOBILE A INC. | |
|--|-----------------|
| (Name of Corporation as currently filed with the Florida Dept. of State) | |
| - P120000 43420 | |
| (Document Number of Corporation (if known) | |
| Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following its Articles of Incorporation: | amendment(s) to |
| 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 ab "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must c 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: | 0 |
| (Mailing address MAY BE A POST OFFICE BOX) | NIST NIST |
| | 生熟 |
| | - Charles |
| D. If amending the registered agent and/or registered office address in Florida, enter the name of the | CORPOR ATION |
| new registered agent and/or the new registered office address: | |
| Name of New Registered Agent | 23 |
| | |
| (Florida street address) | |
| New Registered Office 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)

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: XChange | <u>PT</u> | John Doe | | | |
|-------------------------------|--------------|--------------|---------------------------------------|---------------------------------------|-----------------|
| X Remove | <u>v</u> | Mike Jones | | | |
| X Add | <u>sv</u> | Sally Smith | | | |
| Type of Action (Check One) | <u>Title</u> | <u>Name</u> | | Address | |
| 1) Change Add Remove | TreA | SUIGA | RISA MAITINEZ | SOY Alcaza Altamonte SPRI 32714 | R AVE 1957EL |
| 2) Change Add Remove | | | | 3214 | |
| Change Add Remove | | | | | |
| 4) Change Add Remove | | | | | |
| 5) Change Add Remove | <u></u> | - | · · · · · · · · · · · · · · · · · · · | | |
| 6) Change Add Remove | | | | | |

| attach ad | ling or adding dditional sheets | s, if necessary). | (Be specific |) | | |
|--|--|--|---------------------------------------|--|---|--|
| | | | • | | | |
| , | · | | | | | |
| | <u>-</u> | | | | <u></u> | |
| | · · · · · · · · · · · · · · · · · · · | - | | | | <u></u> |
| | | | | | | · "# · · · · · |
| | · , · · · · · · · · · · · · · · · · · · | | | | | ···· · · · · · · · · · · · · · · · · · |
| | | | | | | |
| | | | | | | |
| ······································ | | | | | | |
| | | | | | | |
| | | | | <u> </u> | | |
| | | | | | | |
| ···· | ······································ | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | ·········· | | | | |
| provisio | endment provi ons for implem not applicable, | enting the am | hange, reclass endment if no | ification, or can t contained in th | cellation of issued e amendment itse | l shares, elf: |
| <u></u> | | | | | | |
| | | ······································ | · · · · · · · · · · · · · · · · · · · | | | ····· |
| | . | | | | · | ······································ |
| | | | | | | <u></u> |
| | | | | | | |
| | | | | | | |
| | | | | | | |

| The date of each amendment(s) adoption: \underset{unc} 4/20/2 |
|--|
| Effective date if applicable: June 4/20/2 |
| (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 June 4/- 20/2 |
| Signature Chase Michaele |
| (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) |
| CHASE MICHAELS |
| (Typed or printed name of person signing) PESIDENT |
| (Title of person signing) |