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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: CLEARCOMM O	F TAMPA BAY INC	
DOCUMENT NUMB	ER: P12000081221		
	of Amendment and fee are su	ibmitted for filing.	
Please return all corresp	pondence concerning this ma	tter to the following:	
•	YOUSEF SIHWEIL		٠
-	·	Name of Contact Person	n
	CLEARCOMM OF TAMPA	BAY INC	
-		Firm/ Company	
	7480 BRYAN DAIRY RD S	• •	
-		Address	
1	LARGO, FL 33777	Address	
_	;	City/ State and Zip Cod	e
BRUC	EKAD@GMAIL.COM		
		sed for future annual report	notification)
		ou to tarait aminat report	
For further information	concerning this matter, pleas	se call:	
YOUSEF SIHWEIL		at (657-3070
Name o	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 & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address		Street	Address
Amendment Section		Amendment Section	
Division of Corporations P.O. Box 6327			on of Corporations
	Box 6327 hassee, FL 32314		Building Executive Center Circle
ı alla	11000CC, I'L JZJ14	2001 E	MODULING CEILLEL CHELE

Tallahassee, FL 32301

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Articles of Amendment to Articles of Incorporation of

SECTOR STATE

CLEARCOMM OF TAMPA BAY INC

(Name of Corporati	ion as currently filed with the Florida Dept. of State)
P12000081221	
(Docum	ment Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Floridatis Articles of Incorporation:	a Statutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the co	orporation:
CLEARCOMM INC	The new
	"d "corporation," "company," or "incorporated" or the abbreviation "," "Inc," or "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable (Principal office address <u>MUST BE A STREET ADD</u>	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO.) <u>X</u>)
D. If amending the registered agent and/or register new registered agent and/or the new registered	
Name of New Registered Agent	
-	(Florida street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Reg I hereby accept the appointment as registered agent.	tistered Agent: I am familiar with and accept the obligations of the position.
Sian	uture of New Registered Agent if changing

The date of each amendment(s) adoption:	_, if other than the
ate this document was signed.	
Effective date if applicable:	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will ocument's effective date on the Department of State's records.	not be listed as the
Adoption of Amendment(s) (<u>CHECK ONE</u>)	
The amendment(s) was/were adopted by the shareholders. The number of votes east 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 Now 9 8016	
Signapore	-
(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)	
(Typed or primed name of person signing)	resident
(Title of person signing)	