

P12000094944

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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H120002738063ABCS

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To:
Division of Corporations
Fax Number : (850) 617-6380

From:
Account Name : SMALL BUSINESS RESOURCES USA, INC
Account Number : I20040000173
Phone : (407) 298-4646
Fax Number : (407) 297-0588

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

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2012 NOV 19 PM 2:58
CLERK OF COURT
JUDICIAL CIRCUIT IN AND FOR
THE NINTH JUDICIAL CIRCUIT
TALLAHASSEE, FLORIDA

**COR AMND/RESTATE/CORRECT OR O/D RESIGN
BEMOBILE4U.COM INC**

Certificate of Status	1
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PAGE 01/07

11/19/2012 10:54:07 AM FAX PAGE 1/001 FAX 001/01



November 19, 2012

FLORIDA DEPARTMENT OF STATE
Division of Corporations

BEMOBILE4U.COM INC
2831 CARDASSI DR
OCOE, FL 34761

SUBJECT: BEMOBILE4U.COM INC
REF: P12000094944

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The current name of the entity is as referenced above. Please correct your document accordingly.

There is no period behind Inc.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tina Roberts
Regulatory Specialist II

FAX Aud. #: H12000273806
Letter Number: 512A00027786

RECEIVED
12 NOV 19 PM 12:27
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

P.O. BOX 6327 - Tallahassee, Florida 32314

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: BEMOBILE4U.COM INC

DOCUMENT NUMBER: P12000094944

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

James K. Duerr, CPA

Name of Contact Person

Small Business Resources USA, Inc.

Firm/ Company

1601 Park Center Drive, Ste. 6A

Address

Orlando, FL 32835

City/ State and Zip Code

JimD@sbrorlando.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

James K. Duerr, CPA

Name of Contact Person

at 407

298-4646

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department 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)

Mailing Address

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

FAX AWT # H 120002-738063

Articles of Amendment
to
Articles of Incorporation
of

BEMOBILE4U.COM INC.

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

P12000094944

(Document Number of Corporation (if known))

FILED
2012 NOV 19 PM 2:58
CLERK OF COURT
JULIA A. HARRIS
TALLAHASSEE, FL 32301

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(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)

1746 E. Silver Star Rd.

Suite 200

Ocoee, FL 34761

C. Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

1746 E. Silver Star Rd.

Suite 200

Ocoee, FL 34761

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

Small Business Resources USA, Inc.

1601 Park Center Drive, Ste. 6A

(Florida street address)

New Registered Office Address:

Orlando

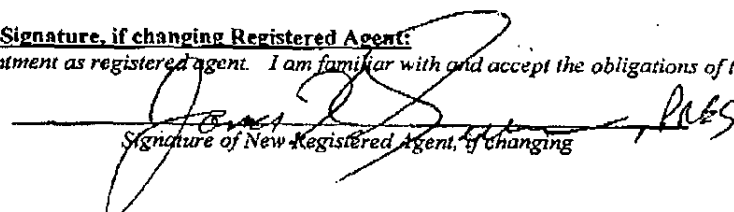
(City)

Florida 32835

(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

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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:

☒ Change PT John Doe
☒ Remove V Mike Jones
☒ Add SV Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>P</u>	<u>Lisa Rosenberg</u>	<u>2831 Cardassi Dr.</u> <u>Ocoee, FL 34761</u>
2) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>PST</u>	<u>Bloomers 4u.com Inc.</u>	<u>1746 E. Silver Star Rd.</u> <u>Suite 200</u> <u>Ocoee, FL 34761</u>
3) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove			
4) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove			
5) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove			
6) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove			

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FAX A40T # H120002738063

E. If amending or adding additional Articles, enter change(s) here:
(Attach additional sheets, if necessary). (Be specific)

Article IV: Please change the authorized shares to 10,000.

F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares,
provisions for implementing the amendment if not contained in the amendment itself:
(If not applicable, indicate N/A)

FAX A40T # H120002738063

FAX ADR # H120002738063

The date of each amendment(s) adoption: November 15, 2012

Effective date if applicable: November 15, 2012

(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):

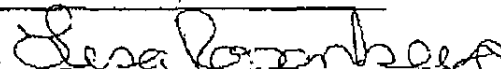
"The number of votes cast for the amendment(s) was/were sufficient for approval

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 November 15, 2012

Signature



(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)

Lisa Rosenberg

(Typed or printed name of person signing)

President

(Title of person signing)

Post-It Fax Note		7671	Date	# of pages
To			From	
Co/Dept.	407-		Co.	
Phone #	247-0588		Phone #	
Fax #	247-0588		Fax #	

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