O OF Corida Department of States Division of Corporations Electronic Filing Cover Sheet

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| VED | PH 3:51 | SECTIONS SECTIONS | To: | Division of Corporations Fax Number : (850)617-6380 | 13 PEC 2 | |
|------|-----------|----------------------|-------|---|------------|--|
| RECE | 13 DEC 26 | | From: | Account Name : FASTRIT CORP Account Number : I20100000009 Phone : (305)599-0839 Fax Number : (305)592-9591 | 6 F# 3: 29 | |

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

Email Address:

COR AMND/RESTATE/CORRECT OR O/D RESIGN CELLMAX WIRELESS INC.

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Electronic Filing Menu

Corporate Filing Menu

Help

Articles of Amendment to Articles of Incorporation

CELLMAX WIRELESS INC.

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

| P13000003708 | | |
|--|---|----------------------|
| (Document Number of Corporation (if k | nown) | |
| Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Statutes, the Flo | orida Profit Corporation adopts the following amend | iment(s) to |
| A. If amending name, enter the new name of the corporation: | | |
| | The | Rew |
| name must be distinguishable and contain the word "corporation," "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Coword "chartered," "professional association," or the abbreviation "P. | ". A professional corporation name must contain | tion the |
| B. Enter new principal office address, if applicable: | | ಪ |
| (Principal office address MUST BE A STREET ADDRESS) | | 是 |
| | | 26 LE |
| C. Enter new mailing address, if applicable; | | ۱۱۱ ۲) چ <u>ـ</u> |

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

(Malling address MAY BE A POST OFFICE BOX)

SOBEIRA PEREZ

6901 WEST FLAGLER STREET

(Florida street address)

New Registered Office Address: MIAMI

Florida 33144

(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 = ChiefExecutive 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.

| X Change | PT John | Doe | |
|-------------------------------|-----------------------|---------------|----------------------|
| X Remove | v Mik | e Jones | |
| X Add | <u>SV</u> <u>Salt</u> | v Smith | |
| Type of Action (Check One) | Title | <u>Name</u> | Address |
| 1) Change | P/D | JEENIRE LOPEZ | 6901 WEST FLAGLER ST |
| Add Remove | | · | MIAMI, FL 33144 |
| 2) Change | P/D | SOBEIRA PEREZ | 6901 WEST FLAGLER ST |
| Add , | | | MIAMI, FL 33144 |
| Remove 3) Change | | | |
| Add | | | |
| Remove | | | |
| 4) Change | | | |
| Add | | | |
| Remove | | | |
| 5) Change Add | | | |
| Remove | | | |
| 6) Change | | | · |
| Add | - | • | |
| P-move | | | |

| | adding addition of sheets, if nece | tssary). (Be s | pecific) | | | |
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| | nt provides for implementing t | the amendmen | reclassification t if not contai | n. or cancella ned in the am | tion of issued a endagent itself | hares. |
| daions for | licable, indicate | (WA) | | | | |
| daions for | llcable, indicate | · (VA) | | ······································ | | |
| daions for | lloable, indicate | - (n/A) | | | <u>-</u> | |
| daions for | lleable, indicase | ((V/A) | | | | |
| daions for | lleable, indicase | (4/A) | | | | |
| daions for | lleable, indicase | (N/A) | | | | |
| daions for | lleable, indicase | (4/A) | | | | |

| The date of each amendment(s) adoption: 12/18/2013 | if other than the |
|---|---------------------------------|
| date this document was signed. | , it only then the |
| Effective date if applicable: | |
| Effective date if applicable: (no more than 90 days after | amendment file data) |
| Adoption of Amendment(s) (CHECK ONE) | |
| The amendment(s) was/were adopted by the shareholders. The number of very by the shareholders was/were sufficient for approval. | votes cast for the amendment(s) |
| The amendment(s) was/were approved by the shareholders through voting group entitled to vote separate | |
| "The number of votes cast for the amendment(s) was/were sufficient to | for approval |
| by(voting group) | , n |
| (voting group) | |
| The amendment(s) was/were adopted by the board of directors without shar action was not required. | reholder action and shareholder |
| The amendment(s) was/were adopted by the incorporators without sharehol action was, not required. | ider action and shareholder |
| Dated 12/18/2013 | |
| Signature | |
| (By a director, president or other officer - if direct selected, by an incorporator - if in the hands of a appointed fiduciary by that fiduciary) | |
| ANDRES ROSS | |
| (Typed or printed name | of person signing) |
| PRESIDENT | |
| (Title of person | signing) |

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