P13000004344

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COVER LETTER

Division of Corporations						
NAME OF CORPORATION: Response Mobile Marketing, Inc DOCUMENT NUMBER: P13000004344						
The enclosed Articles of Amendment and fee are submitted for filing.						
Please return all correspondence concerning this matter to the following:						
Deborah Tola Name of Contact Person Response Mobile Marketing, Inc. Firm/ Company 1220N.W. 79th Way Address Pembroke Pines, FL 33024 City/ State and Zip Code deborah tola & Jahoo. Com E-mail address: (to be used for future annual report notification)						
For further information concerning this matter, please call:						
Deborah Tola at (954) 274-7555						
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 Certified Copy (Additional copy is enclosed) □ \$43.75 Filing Fee & Certified Copy (Additional Copy is enclosed) □ \$43.75 Filing Fee & Certificate of Status Certified Copy (Additional Copy is enclosed)						

Mailing Address

TO: Amendment Section

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

Articles of Ame	ndment
to Articles of Incor	novation Charles ED
of	- 21 21 21
Response Mobile Marketing	Inc. Phy 4:50
	ida Dept. of State
P13000004344	
(Document Number of Corporation (if ki	iown)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida</i> Articles of Incorporation:	orida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
Response One Marketing,	The
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./	"company," or "incorporated" or the abbreviation ". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	$-\omega \mid \theta$
C. Enter new mailing address, If applicable: (Mailing address MAY BE A POST OFFICE BOX)	A/α
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address:	in Florida, enter the name of the
Name of New Registered Agent \(\mathcal{D} \) A	
(Florida street	address)
· ·	
New Registered Office Address: (City)	, Florida
(ON)	(2.5 0000)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with	h and accent the obligations of the position
Thereby accept the appointment as registered agent. I am faithful with	rand accept the congations of the position.
	an Water at the
Signature of New Registered Age	int, it 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: X Change	<u>PT</u>	John Do	<u>e</u>			
X Remove	<u>v</u>	Mike Jor	<u>nes</u>			
X Add	<u>sv</u>	Sally Sm	<u>iith</u>			
Type of Action (Check One)	<u>Title</u>		Name	1		Address
1) Change		_		A/U		
Add Remove						
2) Change		_				
Add Remove						
3) Change						
Add						
4) Change						
Add Remove						
5) Change					_	
Add Remove						
6) Change						<u> </u>
Add		. <u></u>				
Remove						

Attach a	dditional shee	g additional Artets, if necessary).	(Be specific))	10/11		
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		<u> </u>					<u></u> .
				na.			
f an am provisi (if	nendment pro ons for imple not applicable	evides for an exc ementing the am e, indicate N/A)	change, reclass endment if not	ification, or ca t contained in	ancellation of iss the amendment	ued shares, itself:	NA
			<u> </u>		-		
							
		 	· ·			<u> </u>	
	-						

The date of each amendment(s) adoption:, date this document was signed.	if other than the
Effective date it applicable: Please Use the Date Processed & Approved by (no more than 90 days after amendment file date) Division	, Floria of Conf
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)	
(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 1/70/13 Signature Wholed Tolk	
(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)	
Deborah Tola	
(Typed or printed name of person signing)	
Precident	

(Title of person signing)