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SECRETARY OF STATE

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORAT	rion: 4 h	orreless Ser	vices Inc.
DOCUMENT NUMBER	1: P13001	oreless Ser	
The enclosed Articles of A	Amendment and fee are	submitted for filing.	
Please return all correspon	ndence concerning this	matter to the following:	
	2016 Jacks	Name of Contact Person  Iveless Serv  Firm/ Company  University Block  Address  City/ State and Zip Cook  sused for future annual report	vd N. 32211 de
	E-mail address: (to be	used for future annual repor	t notification)
For further information co			
A nthony Name of C	Theuri Contact Person	at ( <u>904</u> Area Co	ode & Daytime Telephone Number
Enclosed is a check for th	e following amount mad	de payable to the Florida Dep	partment of State:
\$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status		□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address		Street	t Address

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

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

## Articles of Amendment to Articles of Incorporation of

4 Wireless Services Inc

(Name of Corporation as	s currently filed with the Florida Dept. of State)
(Document )	Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statits Articles of Incorporation:	tutes, this Florida Profit Corporation adopts the following amendmen
A. If amending name, enter the new name of the corpor	ration:
name must be distinguishable and contain the word "c" "Corp.," "Inc.," or Co.," or the designation "Corp," "I word "chartered," "professional association," or the abbre	The new corporation," "company," or "incorporated" or the abbreviation lnc," or "Co". A professional corporation name must contain the reviation "P.A."
B. Enter new principal office address, if applicable:	
(Principal office address <u>MUST BE A STREET ADDRES</u>	
	mo p
C. Enter new mailing address, if applicable:	
(Mailing address <u>MAY BE A POST OFFICE BOX</u> )	
	New Y
D. If amending the registered agent and/or registered o	office address in Florida, enter the name of the
new registered agent and/or the new registered offic	ee address:
Manage CNI and the state of	
Name of New Registered Agent	
	(Florida street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Register	red Agent:
I hereby accept the appointment as registered agent. I am	familiar with and accept the obligations of the position.
	·
C:	- CNI - D- i I A C I i
Signature	e 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: X Change	<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	<u>V</u>	JoHnson	CHARLOTIN	9801 BAY MGADOWS Rd AGT. 106, Jacksonville
Add Remove				AGT. 10b. Jacksonville Fr. 32256
2) Change				
Add				
3) Change Add	<u></u>			
Remove				
4) Change Add	<del></del>			
Remove				
5) Change	<del></del>			:
Add Remove				
6) Change				
Add				

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<u>rovisions</u> for i	nt provides for an eximplementing the an icable, indicate N/A)	mendment if not	fication, or canc	ellation of issue amendment its	d shares, elf:	
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*	· <u></u>			·		

The date of each amendment(s) adoption: date this document was signed.	, if other than the
,	
(no more than 90 days after amendment file date)	
<b>Note:</b> If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not document's effective date on the Department of State's records.	ot be listed as the
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 06 29 2016 Signature Aware	
(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 printed name of person signing)	
(Typed or printed name of person signing)	
President	
(Title of person signing)	