13000074130

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COVER LETTER

TO: Amendment Section Division of Corporations NAME OF CORPORATION: FLEET MOBILE SOURCE, INC. DOCUMENT NUMBER: P13000074130 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: BENJAMIN H MOORE, CPA Name of Contact Person BENJAMIN H MOORE, CPA, PA Firm/ Company 720 N MAITLAND AVE., STE 105 Address MAITLAND, FL 32751 City/ State and Zip Code CHRIS@GETCREATIVEWIRELESS.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (407) 644-3119
Area Code & Daytime Telephone Number ART LABRACK Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: ■ \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy (Additional Copy enclosed) 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

Articles of Amendment to Articles of Incorporation of

FLEET MOBILE SOURCE	E, INC.	4		ين الآ	
(Name of Corporation as	currently filed with the Flor	ida Dept, of State).	100	.2 .2
P13000074130	· · · · · · · · · · · · · · · · · · ·			راها اردندو درگور	
(Documen	t Number of Corporation (if k	rowin)			
Fursuant to the provisions of section 607. its Articles of Incorporation:	1086, Florida Statutes, this Fic	orlda Profii Corpai	ration adopts the follow	ing amend	lment(s) to
A. If amending hame, enter the new na	me of the corporation:		•		
	1 11 11 11 11 11	. ,	·	The i	e.im.
name must be distinguishable and conti "Corp.," "Inc.," or Co.," or the designa- word "charlered." "professional associat	ntina "Corp." "Inst." or "Co	". A. professional	uncorporation ar die corporation nume mis	a bbreviat	lân the
B. Enter new principal office address, i (Principal office address MUST-BE A ST					
	• • • • • • • • • • • • • • • • • • • •		· .	•	
C. Enter new majting address, if applic (Mailing address MAY BEA POST O				,	
•	•	Manufacture from a residence	Marie sprayares services		35 Jan 1994 - 1
D. If amending the registered agent and new registered agent and/or the new Name of New Registered Agent		in Florida, enter	the name of the		
	2463 RIVER TRE	ECIRCLE		÷	
	(Florida streat				
New Registered Office Address:	SANFORD	•	Florida 32771		•
Control of the second s	(Cry)		(Zip Code)		
New Registered Agent's Signature, if the I hereby accept the appointment as register		Took	Bygnions of the position.		

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 = Trustec; 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> <u>John</u>	n Doe	
X Remove	<u>V</u> <u>Mik</u>	e Jones	
X Add	<u>SV</u> <u>Sall</u>	y <u>Smith</u>	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	P,V	CHRIS COOK	641 CHARRICE PLACE
, Add	,		SANFORD, FL 32771
X Remove			
2) Change	P,V	RON COOK	2463 RIVER TREE CIRCLE
X Add			SANFORD, FL 32771
Remove		•	
3) Change			
Add			
Remove			
4) Change	<u>.</u>		
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Attach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)
	And the second s
	WARRAGE TO THE STATE OF THE STA
The state of the s	
an amandment provider for an evaluation	ange, reclassification, or cancellation of issued shares,
provisions for implementing the amen	ndment if not contained in the amendment itself:
(if not applicable, indicate N/A)	

The date of each amendment(s) adoption: September 6, 2013	If other than the
date this document was signed.	AM 2 AM 5
Effective date of applicable:	
(no more than 90) days affer 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	
(voling-group)	
☐ The amendment(s) wes/were adopted by the board of directors without shareholder action and shareholder action was not required.	·
☐ The amendment(s) was/wore adopted by the incorporators without shareholder action and shareholder action was not required	
Dated Detable 21 20125	explorer
(By a director, president or other other - if directors of officers have not been nelected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
(Typed or printed manic of person's signing)	
Market Comment of the	
President	