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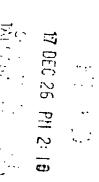
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## **COVER LETTER**



TO: Amendment Section .
Division of Corporations

NAME OF CORPORATION: Surge Wireless CONSULTING, INC. DOCUMENT NUMBER: P13000095034						
The enclosed Articles of Amendment and fee are submitted for filing.						
Please return all correspondence concerning this matter to the following:						
Sina Baker  Name of Contact Person  C/O Surge Virtual Solutions, Inc  Firm/ Company  715 Bistline Ave  Address  Long wood F1 32750  City/ State and Zip Code  Gina @ Surge Virtual Solutions. com  E-mail address: (to be used for future annual report notification)						
For further information concerning this matter, please call:						
Colina Bakov at (954) 980-4819  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:						
S35 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed)  \$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  Street Address Amendment Section						

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 17 DEC 26 PH 2: 18

Surge Wiceless Con	sulting - INC.
(Name of Corporation as currently	filed with the Florida Dept. of State)
(Document Number of C	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>F</i> its Articles of Incorporation:	Clorida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:  Surge Virtual Solution  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	Co". A professional corporation name must contain the P.A."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	115 Bistline Ave. Longwood, FL 32750
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	715 Bistline Ave Longwood, FL 32750
D. If amending the registered agent and/or registered office addresses registered agent and/or the new registered office address:	ess in Florida, enter the name of the
Name of New Registered Agent	
(Florida stree	et address)
New Registered Office Address:	, Florida
(6)	City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar wi	ith and accept the obligations of the position.
Signature of New Re	gistered 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 Do	<u>e</u>		
X Remove	<u>v</u>	Mike Jo	nes		
X Add	<u>sv</u>	Sally Sn	<u>nith</u>		
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s	
I) Change		_		<u> </u>	
Add					
Remove					
2) Change					
Add	<del></del>	<del></del>			
Remove					
3) Change					
Add		_			
Remove					
<del></del>					
4) Change	<del></del>				
Add					<del></del> .
Remove				***************************************	
5) Change					
Add		_			
Remove					
6) Change		<u>.                                    </u>			
Add					
Remove					

f amending or adding additional Arti Attach additional sheets, if necessary).	
	<del></del>
	and making a firm of invade
provisions for implementing the amer	nange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
·	

The date of each amendment(s) adoption:	, if other than the
Effective date if applicable: \( \lambda - \frac{2}{2} \rac{1}{2} \)	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will document's effective date on the Department of State's records.	not 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 πot required.	
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated 12-18-17	
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)	
(Typed or printed name of person signing)	<del></del>
President	
(Title of person signing)	