P14000016570

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COVER LETTER

TO: Amendment Se Division of Cor			ACC
NAME OF CORPO	DRATION: H & H MOI	BILE SERVICE	CORP
	_{1BER:} P1400001657		
The enclosed Article	es of Amendment and fee are su	ubmitted for filing.	FLOHIO?
Please return all corr	respondence concerning this ma	atter to the following:	200
	FULTON ABRAH	IAM SANCHEZ	CPA
		Name of Contact Perso	n
	FULTON ABRAH	IAM SANCHEZ	CPA PA
	`	Firm/ Company	
	9010 SW 137 AV	SUITE 201	
		Address	
	MIAMI FL 33186		
	,	City/ State and Zip Cod	le
SA	ABRAM7@GMAIL.	.COM	
	E-mail address: (to be us	sed for future annual report	notification)
For further informati	ion concerning this matter, pleas	se call:	
FULTON A	BRAHAM CPA	at (305	332-3898
Nam	e of Contact Person	Area Co	ode & Daytime Telephone Number
Enclosed is a check	for the following amount made	payable to the Florida Dep	artment of State:
\$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
	ailing Address		Address
	mendment Section vision of Corporations		dment Section on Corporations
Division of Corporations			

P.O. Box 6327 Tallahassee, FL 32314

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment Articles of Incorporation

H & H MOBILE SERVICE CORP

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

P14000016570			
(Document Number	er of Corporation (if knowr)	12.1
Pursuant to the provisions of section 607.1006, Flots Articles of Incorporation:	orida Statutes, this <i>Florida</i>	Profit Corporation ado	pts the following amendm
A. If amending name, enter the new name of the ULTIMATE SMART SERVICE		ON	The nev
name must be distinguishable and contain the "Corp" "Inc.," or Co" or the designation "Covord "chartered." "professional association," or	Corp, " "Inc," or "Co". A	mpany," or "incorpora 1 professional corporati	ated" or the abbreviation
B. Enter new principal office address, if applic (Principal office address MUST BE A STREET)			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	<u></u>		
D. If amending the registered agent and/or reg new registered agent and/or the new register		Florida, enter the name	of the
Name of New Registered Agent			
	•		
	(Florida street addr	ess)	
New Registered Office Address:		, Florida	
	(City)		(Zip Code)
New Registered Agent's Signature, if changing	Registered Agent:		
l hereby accept the appointment as registered age	nt. I am familiar with and	l accept the obligations of	of the position.

Page 1 of 4

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 = 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	
<u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	VP	HECTOR G SANCHEZ	1117 NW 131 AV
Add			MIAMI FL 33182
Remove			
2) Change		_	
Add	,	•	
Remove			
3) Change			
Add			
Remove			
4) Change		<u></u>	
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Attach <i>additional sheets, if necessary)</i>	rticles, enter change(s) . (Be specific)		
	 		
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If an amendment provides for an ex- provisions for implementing the am	<u>change, reclassificatio</u> sendment if not contai	<u>n, or cancellation o</u> ned in the amenda	of issued shares,
(if not applicable, indicate N/A)	ionament it not contain	nea in the amenan	ierr reserre
·			
	Th. 1		<u> </u>
		<u></u>	•
,			

The date of each amendment(s) adoption:	if other than the
date this document was signed.	
Effective date if applicable: (no more than 90 days after amendment file date)	
(no more than 90 days after amenament fite 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	
(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.	
03/02/2015	
Dated	
Signature PRESIDENT	
(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)	_
HECTOR ALVAREZ	
(Typed or printed name of person signing)	_
(Title of person signing)	_