P15000080718

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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPOR	ATION: TELCON INC			
DOCUMENT NUMB	P15000080718			
The enclosed Articles of	of Amendment and fee are su	bmitted for filing.		
Please return all corres	pondence concerning this mat	tter to the following:		
	ISIS ISABEL			
-		Name of Contact Persor	 1	
	H&I TAX INVESTMENT C			
-		Firm/ Company		
	1860 N PINE ISLAND RD.	STE 109		
-		Address		
	PLANTATION, FL 33322			
•		City/ State and Zip Code	e	
ISIST	AX@AOL.COM			
	-	sed for future annual report	notification)	
For further information	concerning this matter, pleas		. 600-5801	
	f Contact Person	at (<u>954</u>) de & Daytime Telephone Nur	mber
	the following amount made			noci
□ \$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)	
Ame Divis P.O.	ing Address ndment Section sion of Corporations Box 6327 thassee, FL 32314	Amend Divisio Clifton 2661 E	Address Iment Section on of Corporations Building executive Center Circle assee, FL 32301	

Articles of Amendment to Articles of Incorporation of

TELCON INC			があって	3	F784
(Name of Cor	poration as currently f	iled with the Florida Dept. of State)	247.6	<u> </u>	1
P15000080718			A STATE	ڢ	No. open
(I	Document Number of C	orporation (if known)	Profes	-	
Pursuant to the provisions of section 607.1006, I its Articles of Incorporation:	Florida Statutes, this Flo	orida Profit Corporation adopts the fol	lowing am	endme	ent(s) to
A. If amending name, enter the new name of	the corporation:				
TELCON SERVICES INC			The	. печ	,
name must be distinguishable and contain th "Corp.," "Inc.," or Co.," or the designation word "chartered," "professional association," of B. Enter new principal office address, if apple	"Corp," "Inc," or "Co or the abbreviation "P.2	". A professional corporation name	must conta	nanor sin the	;
(Principal office address <u>MUST BE A STREE</u>					
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFIC	<u>CE BOX</u>)				
D. If amending the registered agent and/or renew registered agent and/or the new regis		s in Florida, enter the name of the	Aug		
Name of New Registered Agent					
	(Florida street	address)			
New Registered Office Address:		, Florida			
	(C	ity)	(Zip Code)	1	
New Registered Agent's Signature, if changin I hereby accept the appointment as registered at	i <mark>g Registered Agent:</mark> gent. I am familiar wit.	h and accept the obligations of the posi	tion.		
	Signature of New Reg	istered Agent, if changing	<u></u>		

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: XChange	<u>PT</u>	John Do	<u>oe</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
1) Change		<u></u>		
Add				
Remove				
2) Change				
Add		_	, , , , , , , , , , , , , , , , , , ,	
Remove				
3) Change		_		· · · · · · · · · · · · · · · · · · ·
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add				
Remove				

f amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)		
James			
			,
		,	
			<u></u>
f an amendment provides for an exch provisions for implementing the ame	ange, reclassification, or c	ancellation of issued shares, the amendment itself:	
(if not applicable, indicate N/A)			
			,,
,			
•			

The date of each amendment	10/07/2015 t(s) adoption:	, if other than the
date this document was signed		
Effective date if applicable:	10/07/2015	
	(no more than 90 days after amendment file date)	
Note: If the date inserted in document's effective date on the	this block does not meet the applicable statutory filing requirements, this dath he Department of State's records.	e will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
■ The amendment(s) was/wer by the shareholders was/we	re adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.	ı
	re approved by the shareholders through voting groups. The following statemer ad 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/wer action was not required.	e adopted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/wer action was not required.	e adopted by the incorporators without shareholder action and shareholder	
10/07/	2015	
Dated Signature	June & Rune &	
(B)	y a director, president or other officer if directors or officers have not been	
	lected, by an incorporator – if in the hands of a receiver, trustee, or other court pointed fiduciary by that fiduciary)	
	LISBET GOMEZ	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	