## P160000004810

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SECRETARY OF STATE
ALLAHASSEE, FLORID.

MAY 1 7 2017 S. PRATHER

## **COVER LETTER**

TO: Amendment Section Division of Corporations
NAME OF CORPORATION: Wave Satellites, Inc.  DOCUMENT NUMBER: P1600004810
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Jose L. Ruiz Name of Contact Person
Wave Satellites, Inc.
Firm/ Company
1508 SE 17th Ave, Unit3
Address
<u>Cape Coral, Fl. 33990</u>
City/ State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Jose L. Ruiz at 0-39, 645-0603
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:
\$35 Filing Fee Certificate of Status  Certificate of Status  Certified Copy (Additional copy is enclosed)  Certified Copy (Additional Copy is enclosed)
Mailing Address Street Address
Amendment Section Amendment Section
Division of Corporations P.O. Box 6327  Division of Corporations Clifton Building
Tallahassee, FL 32314 2661 Executive Center Circle

Tallahassee, FL 32301

## **Articles of Amendment**

Art on

ticles	of	Incorporation
		of

vouve satemites	, MC.	
(Name of Corporation as c	currently filed with the Florida D	ept. of State)
116000004	810	
(Document Nu	umber of Corporation (if known)	·
Pursuant to the provisions of section 607.1006, Florida Statutits Articles of Incorporation:	tes, this <i>Florida Profit Corporation</i>	adopts the following amendment(s) to
A. If amending name, enter the new name of the corporat	tion:	The new
name must be distinguishable and contain the word "cor "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc word "chartered," "professional association," or the abbrev	c," or "Co". A professional corp	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS	N_A_	TEST T
		ASSET T
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
D. If amending the registered agent and/or registered offine new registered agent and/or the new registered office s		ame of the
Name of New Registered Agent	NA	
	orida street address)	
New Registered Office Address:	(City)	, Florida
	(Cay)	(Lip Code)
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am fa		ons of the position.
	NIA	
Signature o	f New Registered Agent, if changin	g

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	PT John D	<u>toe</u>	
X Remove	<u>V</u> <u>Mike J</u>	ones	
X Add	<u>SV</u> <u>Sally S</u>	<u>smith</u>	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	<u>VPSD</u>	Sifredo Loza	2005 NW 75 Ter
Add		. Cap	c Coral, F1. 33999
Remove		•	•
2) Change			
Add			
Remove			
3) Change	<del></del>		
Add			
Remove		·	
4) Change			<del></del>
Add			
Remove			
5) Change		,	
Add			
Remove		•	
6) Change			
Add			<del></del>
Remove			

	ional sheets, if necesso	ary). (Be specifi	c) N /	A		
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		181				
provisions f	ment provides for an for implementing the applicable, indicate N	amendment if no	sification, or ca	ncellation of issu he amendment it	ed shares, self:	
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	<b>.</b>					
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	, if other than the
Effective date if applicable:  (no more than 90 days after amendment file date)	minimate to the second
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will necessarily 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	171
by" \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\	要力
(voting group)	5 F
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	SING O 3
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	. <del>.</del> 6
Dated May 10, 2017 Signature Alban	
(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)	
Inca I Divis	
(Typed or printed name of person signing)	
Carlotte at brings	
<u> </u>	
(Title of person signing)	