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JUN 22 2017

S. YOUNG

## COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION:	HAMPO GEOBAL	Collocation
DOCUMENT NUMB	ER:	811000037167	
The enclosed Articles of	of Amendment and fee are su	abmitted for filing.	<del></del>
Please return all corres	pondence concerning this ma	atter to the following:	
	R	KRT D. COLÓ	
	R	Name of Contact Person	PA P.A.
-	550	Firm/ Company	Will Sti 104
-	CARLA	4 38RINGS FL	93061
	E-mail address: (to be u.	City/ State and Zip Code  A D DCCH . Co  sed for future annual report	of
For further information	concerning this matter, plea.	_	
Name o	f Contact Person	at (at Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made		
□ \$35 Filing Fec	□\$43.75 Filing Fee & Certificate of Status	□S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certificate of Status Certified Copy (Additional Copy 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

AAAKO 640	BAL COLICATION				
(Name of Corporation as curr	ently filed with the Florida I	Dept. of State)			
(Document Numb	er of Corporation (if known)				
Pursuant to the provisions of section 607.1006, Florida Statutes, tits Articles of Incorporation:		n adopts the fo	ollowing ame	ndmer	าเ(s) to
A. If amending name, enter the new name of the corporation:					
N/A	<u>.</u>				
name must be distinguishable and contain the word "corpore" ("Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," o word "chartered," "professional association," or the abbreviance	ation," "company," or "incor" "Co". A professional corpor "P.A"	orporated" or poration name	The the abbrevi must contain	new lation in the	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	N/A		<del></del>		
		<del> </del>		— <u></u> 1	
		<del></del>		_ <u>-</u> -	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1/4		- <u></u> -	- -	i
		·	<u>.</u>		:
•					•
D. If amending the registered agent and/or registered office a new registered agent and/or the new registered office addr	ddress in Florida, enter the	name of the	3 =	₹.;	
Name of New Registered Agent MA		<del></del>			
(El.,)					
New Registered Office Address:	street address)	, Florida			
,	(City)		(Zip Code)	_	
New Registered Agent's Signature, if changing Registered Age I hereby accept the appointment as registered agent. I am jamilio	ar with and accept the obligat		ition.		
Signature of Nev	v Registered Agent, if changir				

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.

X Change	PT John Doe	
X Remove	V Mike Jones	
X Add	SV Sally Smith	
Type of Action (Check One)	<u>Title</u> <u>Name</u>	<u>Addres</u> s
1) Change	LENDÍTH HOLLENDESSE	
X Remove	_	LAKE WOLTH FL 99462
2) Change Add	HORALIDHARAN MAIN	
Remove		<u>EAST GATE VALKAN</u> KERALA, INDIA PIA G8614
3 ) Change Add		<u> </u>
Remove		
4) Change		<u> </u>
Remove		
5) Change Add		
Remove		
6) Change	<del></del>	
Add Remove		

E. If amending or adding additional Arti (Attach additional sheets, if necessary).	(Re specific)
1///	
<i>!</i> //	
F. If an amendment provides for an exch	ange, reclassification, or cancellation of issued shares,
provisions for implementing the amer (if no: applicable, indicate N/A)	ange, rectassification, or cancellation of issued shares, adment if not contained in the amendment itself:
A/A	
<del></del>	

The date of each amendment(s) adoption:
Effective date if applicable:
(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 not be listed as the document's effective date on the Department of State's records.
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
☐ 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.
Dated
Signature MMMM
(By a director, president or other officer - it 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)
HURALIDHARAS MAIR
(Typed or printed name of person signing)
(Title of person signing)