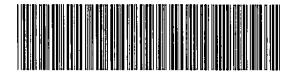
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Amend

OCT 0 9 2017
I ALBRITTON

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: VOIP SERVICES	OF AMERICA CORP.	
DOCUMENT NUM	BER: P17000075271		
	of Amendment and fee are su	bmitted for filing.	
Please return all corre	spondence concerning this ma	tter to the following:	
	JESUS M QUINTERO		
		Name of Contact Person	1
		Firm/ Company	
	16860 SW 1st STREET		
	PEMBROKE PINES, FL 33	Address 027	
		City/ State and Zip Code	<u> </u>
domi	nicancpa@aol.com		
	E-mail address: (to be us	sed for future annual report	notification)
For further informatio	n concerning this matter, pleas	se call:	
JESUS M QUINTERO		305 at (450-5222
Name	of Contact Person	at (305) 450-5222 Area Code & Daytime Telephone Numb	
Enclosed is a check fo	r the following amount made	payable to the Florida Depa	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)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Amend Divisio Clifton	Address Iment Section on of Corporations Building Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

VOIP SERVICES OF AMERICA CORP.

(Name o	of Corporation as currently	filed with the Florida Dept. of St	ate)
P17000075271			
	(Document Number of	Corporation (if known)	
Pursuant to the provisions of section 607, its Articles of Incorporation:	1006. Florida Statutes, this I	Florida Profit Corporation adopts t	he following amendment(s) to
A. If amending name, enter the new na	me of the corporation:		
			The new
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	ation "Corp," "Inc," or "0	Co". A professional corporation n	
B. Enter new principal office address, (Principal office address MUST BE A S			
C. Enter new mailing address, if appli (Mailing address MAY BE A POST)			
D. If amending the registered agent an	<u>d/or registered office addr</u>	ess in Florida, enter the name of t	he he
new registered agent and/or the new			
Name of New Registered Agent	JESUS M QUINTERO		
	16860 SW 1st STREET		
	(Florida stre	et address)	
New Registered Office Address:	PEMBROKE PINES	, Flori	da 33027
res regime to vyjite may ess.		(City)	(Zip Code)
New Registered Agent's Signature, if c			
I hereby accept the appointment as regist	Jen M.	egistered Agent, if changing	e position.

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 Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	PT	GLORIA ACOSTA RUIZ	4331 SW 160th AVENUE 211
X Add			MIRAMAR, FL 33027
Remove			
2) Change	PT	GLORIA CORTES	
Add			
X Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6)Change			
Add			
Remove			

If amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)
f an amendment provides for an exch	hange, reclassification, or cancellation of issued shares,
provisions for implementing the ame	endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	

The date of each amendment(s) a	SEPTEMBER 25, 2017	. if other than th
late this document was signed.	aoption.	If other than the
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this locument's effective date on the De	block does not meet the applicable statutory filing requirements, this date will epartment of State's records.	I not be listed as th
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were ad- by the shareholders was/were st	opted by the shareholders. The number of votes cast for the amendment(s) afficient for approval.	
	proved by the shareholders through voting groups. The following statement 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	
hy	(voting group)	
	(voting group)	
☐ The amendment(s) was/were adaction was not required.	opted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were ad action was not required.	opted by the incorporators without shareholder action and shareholder	
Dated	Hora Peroto la	
selecto	director, president or other officer if directors or officers have not been ed, by an incorporator – if in the hands of a receiver, trustee, or other court ated fiduciary by that fiduciary)	_
	GLORIA ACOSTA RUIZ	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	