## 017000076727

(Requestor's Name)		
(Address)	700303	3812587
(Address)  (City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)	10./02/17	-01042002 <b>**</b> 35.00
(Document Number)		
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## COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: WIRELESS DIST	RIBUHON TWO, INC	
DOCUMENT NUMB			
The enclosed Articles	of Amendment and fee are st	abnutted for filing	
Please return all corres	pondence concerning this ma	atter to the following	
	SURER KHILNANI		
		Name of Contact Perso	on
	WIRELESS DISTRIBUTIO	N ONE, INC	
	<del></del>	Firm' Company	
	3300 N WS 112 AVENUE (	UNIT 13	
•		Address	-
	DORAL, FL 33172		
		City: State and Zip Coc	le
CPAC	ALLER@JUNO.COM		
	· ·	sed for future annual report	I notification)
For further information	concerning this matter, pleas		59949174
Name o	f Contact Person	Area Ci	kle & Daytime Telephone Number
inclosed is a check for	the following amount made		
\$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 Cops is enclosed)
Amer Divis P.O.	ing Address  Indiment Section  Ion of Corporations  Box 6327  hassee, FL 32314	Clafton Building	
7 21141	reserve by the Dad 14		

## Articles of Amendment to Articles of Incorporation of

WIRELESS DISTRIBUTION TWO, INC		
(Name of Corporation as current	tly filed with the Florida Dept, of State)	
P17000076727		
(Document Number)	of Corporation (if known)	
Pursuant to the provisions of section 607,1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the fol	llowing amendment(s) to
A. If amending name, enter the new name of the corporation:		
NA		The new
name must be distinguishable and contain the word—corporate "Corp.," "Inc.," or Co.," or the designation "Corp." "Inc.—or word "chartered," "professional association," or the abbreviation	"Co" A professional corporation name:	the abbreviation must contain the
B. Enter new principal office address, if applicable:	NA	
(Principal office address MUST BE A STREET ADDRESS)		- 4
		<del></del>
	•	्राहरू स्मान स्मान स्मान
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		LED 2 PM IZ
		<u> </u>
D. If amending the registered agent and/or registered office add	ress in Florida, enter the name of the	
new registered agent and/or the new registered office address  NA	<u>v:</u>	
Name of New Registered Agent		<del></del>
(Florida str	reet admess)	
New Registered Office Address.		
	With	(Zip Code)
New Registered Agent's Signature, if changing Registered Agent	t:	
I hereby accept the appointment as registered agent. I om tomiliar	with and accept the obligations of the posi	twa
Signature of New F	Registered Agent, it changing	<del></del>

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 und/or Director being added:

(Attach additional sheets, if necessary)

Please note the officeridirector title by the first letter of the office vide.

P = President, V = Vice President, T = Treasurer: S : Secretary: D : Director, TR : Trustee, C : Chairman or Clerk, CEO = Chief Eventure Officer: CFO = Chief Emancial 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 tollowing 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>6.1.</u>	ı D <u>oc</u>		
X Remove	$\Sigma$ Mik	e <u>Jones</u>		
X Add	<u>SV</u> S <u>all</u>	Sally Smith		
Lype of Action (Check One)	Lule	Name	Addrogs	
II Change	\ P	CHETAN ARORA	40 COMMERCE PLACE	
XAcd			SUITE 202	
Remove			HICKSVILLE, NY 11801	
2) Change		<del></del>	<del></del>	
Add				
Remove				
3) Change				
Add				
Remove				
4) Change				
Add			<del></del> . <u></u>	
Remove				
3) Change	****			
Add				
Remove				
6) Change				
Add				
Remove				

If amending or adding additional Artic (Attach additional sheets, if necessary)	(Be specific)
<b>A</b>	
	***************************************
•	
·	
f an amendment provides for an excha	ange, reclassification, or cancellation of issued shares,
(if not applicable, indicate N/A)	ndment if not contained in the amendment itself:
,,	
	· · · · · · · · · · · · · · · · · · ·

09/27/2017	, if other than the
The date of each amendment(s) adoption:	
date this document was signed.	
09/28/2017	
Effective date if applicable: (no more than 90 days after amendment)	ent file date)
Note: If the date inserted in this block does not meet the applicable statutory filing document's effective date on the Department of State's records.	requirements, this date will not be listed as th
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes case by the shareholders was/were sufficient for approval.	t for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups.  must be separately provided for each voting group entitled to vote separately on the	The following statement e amendment(s):
'The number of votes cast for the amendment(s) was/were sufficient for appro	oval
by(voting group)	**
(voting group)	
The amendment(s) was/were adopted by the board of directors without shareholder action was not required.	
☐ The amendment(s) was/were adopted by the incorporators without shareholder acti action was not required.	OII MIN SIMMEDOUSE
09/27/2017 Dated	
Signature (By a director, president or other officer – if directors or	
(By a director, president or other officer - if directors or	officers have not been
selected, by an incorporator – it in the hands of a receive	r, trustee, or other court
appointed fiduciary by that fiduciary)	
SURESH KHILNANI	
(Typed or printed name of person sign	ing)
PRESIDENT	
(Title of person signing)	