## P20000028328

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## COVER LETTER

Division of Corporations						
NAME OF CORPORATION: Chat Connections INC  DOCUMENT NUMBER: P2000028328						
The enclosed Articles of Amendment and fee are submitted for filing.						
Please return all correspondence concerning this matter to the following:						
Barbara Ray						
Barbara Kay Name of Contact Person  Chat Connections Tuc  Firm/Company						
Firm/Company  865 Sw 78+ Ave Suite A100  Address						
Plantation Florida 33324 City/ State and Zip Code						
E-mail address: (to be used for future annual report notification)						
For further information concerning this matter, please call:						
Barbara Ray at 954 , \$47-9601  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:						
S35 Filing Fee  Certificate of Status  Certified Copy (Additional copy is  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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

(Additional Copy is enclosed)

## Articles of Amendment to Articles of Incorporation

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Chat Connections IN	C
	filed with the Florida Dept. of State)
<u>P20000028328</u>	
(Document Number of	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>F</i> its Articles of Incorporation:	Clorida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation." "co". Inc.," or Co.," or the designation "Corp.," "Inc.," or "Co". A "chartered," "professional association." or the abbreviation "P.A."	ompany," or "incorporated" or the abbreviation "Corp.,"
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	
	2820 HOV
	HO.
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
	_
D. If amending the registered agent and/or registered office address:  new registered agent and/or the new registered office address:	ess in Florida, enter the name of the
Name of New Registered Agent	
(Florida stree	et address)
New Registered Office Address:	. Florida
	City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar wi	th and accept the obligations of the position.  gistered Agent, if changing
Check if applicable	

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e). F.S.

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	<u>PT</u>	John Doe	
X Remove	$\underline{\mathbf{V}}$	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	<u> </u>	David Hall	200 Roberts Circle
Add Remove 2) Change Add	<u>_</u> P	Rufael Wynn	Norristown,  PA 19401  865 SW 184hAVE  Suite A100  Plantation, FL 33324
Remove 3) Remove — Add			
Remove 4) Change Add			
Remove 5) Change Add			
Remove 6) Change Add Remove			

If amending or adding additional Art Attach additional sheets, if necessary).	(Be specific)			
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If an amendment provides for an exc	hange, reclassification	n, or cancellation of	issued shares.	
provisions for implementing the amount (if not applicable, indicate N/A)	engment ii not contai	ned in the amending	ent t <u>tsen.</u>	
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		<del>.</del>	<u>.</u>	
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The date of each amendment(s) adoption: $\frac{11/6/203.0}{}$ , if other than the date this document was signed.
Effective date if applicable:  (no more than 90 days after amendment file date)
(no more than 90 days after amenament fue date)
<b>Note:</b> 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 incorporators, or board of directors without shareholder action and shareholder action was not required.
☐ 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
(voting group)
Signature  (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)
(Typed or printed name of person signing)
Registered Agent / President