# Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

: CORPDIRECT AGENTS, INC. Account Name

Account Number: 110450000714 Phone

(850) 222-1173

Fax Number

(850) 224-1640

\*\*Enter the email address for this business entity to be used for futur annual report mailings. Enter only one smail address please.

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Lms	<u> 1.1.</u>	Address:

### COR AMND/RESTATE/CORRECT OR O/D RESIGN DIRECT ACCESS NETWORK, INC.

Certificate of Status	0
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8/16/2012 4:22 PM

#### COVER LETTER

TO: Amendment Section Division of Corporations	
NAME OF CORPORATION: Direct Access Network, Inc.	
P97000065366	
The enclosed Articles of Amendment and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Victor W. Holcomb	
Name of Contact Person	
Holcomb & Leung, P.A.	
Firm/ Company	
3203 W. Cypress St.	
Address	
Tampa, FL 33607	
City/ State and Zip Code	
лісоle@holcomblaw.com	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Victor W. Holcomb , 813 , 258-5835	
Victor W. Holcomb  Name of Contact Person  Area Code & Daytime Telephor	ic Number
Enclosed is a check for the following amount made payable to the Florida Department of State:	
S35 Filing Fee Certificate of Status (Additional copy is enclosed)  Certified Copy (Additional Copy is enclosed)	<b>.</b>
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Clifton Building Tailahasses, FL 32314 Signal Section Signal Section Division of Corporations Clifton Building Tailahasses, FL 32314 Tailahasses, FL 32301	

Articles of Amendment to Articles of Incorporation of

Direct Access Network, Inc.			
(Name of Corneration as currently filed with the F	loride Dept. of State)	-	
P97000065366			
(Document Number of Corporation (it	rknown)	•	
Pursuent to the provisions of section 607,1006, Plorida Statutes, this alts Articles of Incorporation:	Flarida Frofit Corporation adopts the followin	ig amendment(s)	to
A. If amending name, ontar the new name of the corporation:			
Global Direct, Inc.		The Herv	
name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or " word "chartered," "professional association," or the abbreviation "	Co". A professional corporation name must	ibbreviation contain the	
B. Enter new principal office address, if applicable:	2701 N Rocky Point Dr,		
(Principal office address MUST BE A STREET ADDRESS)			
	Tampa, FL 33607	<u>-</u>	
C. Enter new mailing address, if applicable; (Mailing address MAY BE A POST OFFICE BOX)	2701 N Rocky Point Dr,		
	Suite 410		
· · · · · · · · · · · · · · · · · · ·	Tampa, FL 33607		
D. If amending the registered opent and/or registered office address new registered agent and/or the new registered office address		AUG 16	Same. The same.
Name of New Registered Assett			(T)
(Florida str	eet address)	<b></b> _ <b>___</b>	
New Registered Office Address:	, Plorida	_% <u>&gt;</u>	•
. (Clv)	(Zip Code)		
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I om familiar t	with and accept the obligations of the position.		•
Signature of New Registered ,	Agent, y changing		

address of each Officer (Attach additional sheets, Please nate the officer/dis P = President; V = Vica (Executive Officer; CPO) held. President, Treasure. Changes should be noted	und/or D If necess rector titl President - Chief i r. Directo In the fo	Pirector being added;  tany)  Is by the first letter of the office title;  I; T= Treasurer; S= Secretary; D= Director;  Pinancial Officer. If an officer/director holds  or would be PTD,  Howing manner, Currently John Doe is listed in  orporation, Sally Smith is named the V and S.	fficor/director being removed and title, name, and IR= Trustee; C = Chairman or Clerk; CEO = Chief more than one title, list the first letter of each office as the PST and Mike Jones is listed as the V. There is These should be noted as John Doc, PT as a Change,
X Change	PI .	John Doe	
X Remove	¥	Mike Jones	
_X Add	<u>sv</u>	Sally Smith	·
Type of Agtion (Check One)	Title	<u>Name</u>	Address
1) Change .			
Add			
Remove			
2) Change			
Add		÷.	
Remove			
3)Change			· · · · · · · · · · · · · · · · · · ·
Add	•		
Remove			
4) Change			
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6) Change	_		
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Remove			

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nn amenda royisions R (if not ap	oplicable, ludicate	N/A)			<u>.                                    </u>	<del></del> .·
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An amendm rovisions f (if not ap	primplementing t pplicable, indicate	N/A)				
an amendr royisions f (if not ap	primplementing t opilcable, indicate	N/A)				
an amendr rovisions fe ((f not ap	primplementing t	N/A)				

-				
The date of each amendment	(e) adoptions August 15, 2012			
Reflective date if applicable:	Upon Filing			
A Appropriate	(no more than 90 days after amendment file date)			
Adoption of Amendment(s)	(CHECK ONE)			
The amendment(s) was/we by the shareholders was/w	re adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.			
☐ The emendment(s) was/we nust be separately provide	re approved by the shareholders through voting groups. The following statement ed for each voting group entitled to vote separately on the amendment(s):			
"The number of votes	s cast for the amendment(s) was/were sufficient for approval			
by	(voting group)			
	(voting group)			
☐ The amendment(s) was/we action was not required.	re adopted by the board of directors without shareholder action and shareholder			
The amendment(s) was/we action was not required.	re adopted by the incorporators without shareholder sotion and shareholder			
<sub>Dated</sub> Auj	gust 15, 2012			
Signature _	William & Shiper			
	By a director, president or other officer - if directors or officers have not been elected, by an incorporator - if in the hands of a receiver, trustee, or other court ppointed fiduciary by that fiduciary)			
	William H. Harper			
	(Typed or printed name of person signing)			
	President			
	(Title of person signing)			