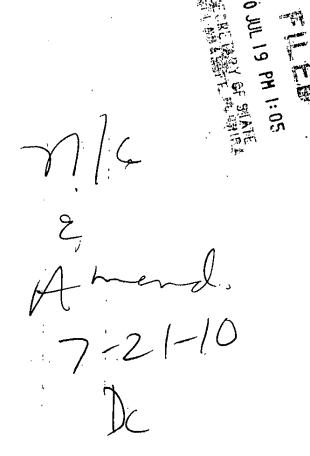
# P9700009/810

Office Use Only



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#### **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: _	Mobile Source Corporation
DOCUMENT NUMBER:	P97000091810
September 1997 Control of the Contro	ent and fee are submitted for filing.
	The second of th
<del></del>	Edward Kissel
	Name of Contact Person
	MobileSource Corporation
	Firm/ Company
٠.	
•	3500 NW Boca Raton Blvd., #603
<del></del>	Address
	1.
	Boca Raton, Florida 33431
•	City/ State and Zip Code
en e	
John Company	ekissel1@aol.com
E-mail add	ress: (to be used for future annual report notification)
For further information concerning	this matter, please call
Edward Kissel	at ( 561 ) 561-416-7224
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following	ng amount made payable to the Florida Department of State:
☑ \$35 Filing Fee ☐ \$43.75 Filir Certificate	
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

### Mobile Source Corporation (Name of Corporation as currently filed with the Florida Dept. of State) P97000091810 (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: MobileSource Corporation name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 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 in Florida, enter the name of the new registered agent and/or the new registered office address: **Edward Kissel** 3500 NW Boca Ration Blvd, #603 New Registered Office Address: (Florida street address) **Boca Raton** Florida 33431 (City) (Zip Code) New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

## remoyed and title, name, and address of each Officer and/or Director being added: (Attach additional sheets, if necessary) Type of Action Address Title . <u>Name</u> ☐ Add ☐ Remove ☐ ·Remove Remove E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary).: (Be specific) F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)

If amending the Officers and/or Directors, enter the title and name of each officer/director being

The date of each a			Idata of adoptic	n is unanimad)			
Effective date <u>if ap</u>	plicable: July	1, 2010	(date of adoption	n is required)	)		
		nore than 90	0 days after amen	lment file date)			
Adoption of Amen	dment(s)	(CHI	ECK ONE)				
The amendment by the sharehold	(s) was/were ado ders was/were suf			number of votes	cast for the am	endment(s)	
The amendment				ough voting group vote separately on			
<sup>10</sup> The numb	er of votes cast-fo	or the amend	lment(s) was/were	sufficient for app	roval		
by	····			.,,,			
	(votin	ig group)					
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