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JUN 21 2017 S. YOUNG 17 JCS 10 THE 6

## COVER LETTER

NAME OF CORPORATION:

| PATA STREAM | MOBILE TECHNOLOGIES | NC
| DOCUMENT NUMBER: | P 98 000 105 22 8 |
| The enclosed Articles of Amendment and fee are submitted for filing.
| Please return all correspondence concerning this matter to the following:
| SEAN | LEC | |
| Name of Contact Person | MOBILE | TECHNOLOGIES | NC
| Firm! Company |
| 11521 | INTERCHANGE | CIRCLE | SOUTH |
| Address | MIRAMAR | A 33025 |
| City! State and Zip Code |
| SIEE | D.S. W. H.C.H. MET |
| E-mail address: (to be used for future annual report notification)
| For further information concerning this matter, please call:
| HETH MARTIN | at (954 865-5290 |
| Name of Contact Person | Area Code & Dayting Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

\$35 Filing Fee

TO: Amendment Section

Division of Corporations

☐\$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

## Street Address

Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## 'Articles of Amendment to Articles of Incorporation

of

	OGIES No. filed with the Florida Dept. of State	)	
<u> </u>			
(Document Number of C	Corporation (if known)		
arsuant to the provisions of section 607.1006, Florida Statutes, this $F_0$ Articles of Incorporation:	lorida Profit Corporation adopts the f	ollowing	amendment(
. If amending name, enter the new name of the corporation:			
		2	The new
une must be distinguishable and contain the word "corporation, Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc," or "Co ord "chartered," "professional association," or the abbreviation "P.	o". A professional corporation name	the abb	reviation
Enter new principal office address, if applicable: Principal office address <u>MUST BE A STREET ADDRESS</u> )			
		7	17
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		; <del>-</del>	6. 6. 1. 1.
		::	. <i>y</i>
		-	· · · · · · · · · · · · · · · · · · ·
If amending the registered agent and/or registered office address new registered agent and/or the new registered office address:	ss in Florida, enter the name of the	) 34	1500 1500 1500
Name of New Registered Agent			
(Florida stree	1 address)		
New Registered Office Address:	, Florida		
THE THE CONTRACT CHAIL	Dirv)	(Zip Co	

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	<u>V</u>	Mike Jones	
_X Add	<u>-</u> <u>SV</u>		
		Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	DIKECTO	A SAMUEL JOSEPH	1 11621 INTERCHANGE
Add			CIACLE, SONTH
_X_ Remove			1 11621 INTERCHANGE CIACLE, SON TH MIRAMAR, LA 3302.
2) Change		<del>-</del>	
Add			
Remove			
3 ) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
we me re			
6) Change		_	
Add			
Remove			

sttach <i>additional sh</i>	ieets, if necessary).	(Be specific)				
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an amendment pr	rovides for an exc	hange, reclassific	ation, or cancell	ation of issued sh	iares,	
rovisions for imp (if not applical	dementing the ame	endment if not co	ntained in the ar	nendment itself:		
					<u> </u>	
				<u> </u>		_
						_
			<del>-</del>			
						<u>_</u>
						_

The date of each amendment(s) adoption:date this document was signed.	<u> 06 /12 /17                                    </u>	, 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 block does not document's effective date on the Department of St	meet the applicable statutory filing requirements ate's records.	, this date will not be listed as the
Adoption of Amendment(s) (CHE	CK ONE)	
The amendment(s) was/were adopted by the shappy the shareholders was/were sufficient for app	areholders. The number of votes cast for the ameroroval.	ndment(s)
☐ The amendment(s) was/were approved by the simust be separately provided for each voting gr	hareholders through voting groups. The following roup entitled to vote separately on the amendment	statement (s):
"The number of votes cast for the amendr	nent(s) was/were sufficient for approval	
by	g group)	
(voting	g group)	
☐ The amendment(s) was/were adopted by the bo action was not required.	ard of directors without shareholder action and sh	areholder
☐ The amendment(s) was/were adopted by the incaction was not required.	corporators without shareholder action and shareholder	older
Dated 06 /12/17		
Signature	ont or other officer - if directors or officers have no	
(By a director, preside selected, by an incorp appointed liduciary by	orator - if in the hands of a receiver, trustee, or ot	ot been her court
5E	AN 665	
(Ty	AN LEE (ped or printed name of person signing)	
	PRESIDENT (Title of person signing)	
	(Title of person signing)	