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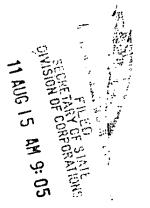
(Re	equestor's Name)		
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Amend

#### **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORI	PORATION:	Prestige Travel Systems, I	nc.	
DOCUMENT NUMBER: P000000675		P00000067519		
The enclosed Artic	cles of Amendment and fee a	re submitted for filing.		
Please return all co	orrespondence concerning th	is matter to the following:		
	Pamela Evans			
	Name of Contact Person			
Prestige Travel Systems, Inc.				
Firm/ Company				
	4802 Gunn Hwy., Suite 158			
Address				
		ampa, FL 33624		
	C	ity/ State and Zip Code	<del> </del>	
	pam@go E-mail address: (to be use	prestigetravel.com d for future annual report notification)	····	
For further information	ation concerning this matter,	please call:		
1	Pamela Evans		72 ext. 370	
Name of Contact Person		Area Code & Daytime Telep	phone Number	
Enclosed is a check	k for the following amount n	nade payable to the Florida Departn	nent of State:	
☑ \$35 Filing Fee	☐ \$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Mailing Ac Amendmen	t Section	Street Address Amendment Section		
Division of Corporations P.O. Box 6327		Division of Corporations	Division of Corporations Clifton Building	
Tallahassee, FL 32314		2661 Executive Center Circle		

Tallahassee, FL 32301

#### Articles of Amendment to Articles of Incorporation of

Prestige	Travel Systems, Inc.		
(Name of Corporation as c	urrently filed with the Florida Dep	ot. of State)	
P	00000067519		
(Document l	Number of Corporation (if known)		
Pursuant to the provisions of section 607. amendment(s) to its Articles of Incorporation		Profit Corporation add	pts the following
A. If amending name, enter the new nam	e of the corporation:		
			The new
name must be distinguishable and conta abbreviation "Corp.," "Inc.," or Co.," or name must contain the word "chartered," " B. Enter new principal office address, if	the designation "Corp," "Inc," or professional association," or the al	"Co". A professional of	corporation •
(Principal office address <u>MUST BE A STR</u>			1 Sec.
			E SE
			- 5
C. Enter new mailing address, if applica (Mailing address MAY BE A POST OF			ON SON OF CORPORE
			_ %
·			_
D. If amending the registered agent and/ new registered agent and/or the new r		rida, enter the name of t	<u>:he</u>
Name of New Registered Agent:	Pamela Evans		
	4802 Gunn Hwy., Suite 15	8	
New Registered Office Address:	(Florida street addres		
	Tampa	, Florida_3362	<b>:</b> 4
	(City)	(Zip Code)	
New Registered Agent's Signature, if char	nging Registered Agent:		
I hereby accept the appointment as registere		cept the obligations of th	e position.
-	Signature of New Registered Agei	nt, if changing	
	G		

## 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)

**Title Name** Address **Type of Action** Р Ron LaScala \_ 🗆 Add 4802 Gunn Hwy. ☑ Remove Suite 158 Tampa, FL 33624 Anita LaScala VP ☐ Add 4802 Gunn Hwy. Tampa, FL 33624 S/T Anita LaScala ☑ Remove Suite 158 Tampa, FL 33624 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 removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary) Type of Action Title Address **Name** Ρ Lena C. Cleary 4802 Gunn Hwv. ✓ Add ☐ Remove Suite 158 Tampa, FL 33624 VΡ Amaris Kroslak 4802 Gunn Hwy. ☑ Add ☐ Remove Suite 158 Tampa, FL 33624 S/T Pamela Evans 4802 Gunn Hwy Suite 158 \_\_\_\_\_ Remove Tampa, FL 33624 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)

The date of each amendmen	t(s) adoption: 08/10/2011
Effective date if applicable:	(date of adoption is required)
Enterve date in appareatie.	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
	are adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.
	ere approved by the shareholders through voting groups. The following statement and 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)
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 action and shareholder
Dated_08/1	0/2011
Signature(By	a director, president or other officer – if directors or officers have not been
sele	ected, by an incorporator – if in the hands of a receiver, trustee, or other court ointed fiduciary by that fiduciary)
	Ron LaScala
	(Typed or printed name of person signing)
	Director
	(Title of person signing)