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Division of Corporations

: (850)617-6380 Fax Number

From:

Account Name : US AG 24

120060000089 Account Number : (305) 767-2040 Phone

(866) 470-2984 Fax Number

COR AMND/RESTATE/CORRECT OR O/D RESIGN

THE COSMOPOLIANT INC

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COVER LETTER

TO: Amendment Section
Division of Corporations

| NAME OF C | ORPORATION: The Cosmop | oliant Inc | | | |
|--|--|--|--|---|--|
| DOCUMEN' | T NUMBER: <u>P08000004310</u> | | | | |
| | Articles of Amendment and fee ar | re submitted for filin | Ø. | | |
| | - | | _ | | |
| Picase return | all correspondence concerning this | s matter to the follow | ving. | | |
| | Peter Harris | | | <u> </u> | |
| | (Name o | f Contact Person) | | | |
| US AG 24 Inc | | | | | |
| (Firm/ Company) | | | | | |
| 3001 N. Rocky Point Drive East | | | | | |
| (Address) | | | | | |
| | Tampa, FL 33607 | | | , | |
| | | ate and Zip Code) | | | |
| For further in | formation concerning this matter, | please call: | | | |
| | | | | | |
| Peter Harris (Name of Contact Person) | | at (305) | 767 2040 & Daytime Telep | hone Number) | |
| | , | (-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1 | | | |
| Enclosed is a | check for the following amount: | | | | |
| ☑\$35 Filing Fe | \$43.75 Filing Fee & Certificate of Status | \$43.75 Filing For Certified Copy (Additional cope enclosed) | | 3 \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) | |
| Mailing Address Amendment Section Division of Corporations P.O. Box 6327 | | Street Address Amendment Sec Division of Cor Clifton Building | ction porations s | | |
| Tallahassee, FL 32314 | | | 2661 Executive Center Circle Tallahassee, FL 32301 | | |

Articles of Amendment to Articles of Incorporation of

The Cosmopoliant Inc

(Name of corporation as currently filed with the Florida Dept. of State)

P08000004310
(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:

NEW CORPORATE NAME (if changing):

| Ine Cosmopolitan Inc |
|--|
| (Must contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.") (A professional corporation must contain the word "chartered", "professional association," or the abbreviation "P.A.") |
| AMENDMENTS ADOPTED- (OTHER THAN NAME CHANGE) Indicate Article Number(s) |
| and/or Article Title(s) being amended, added or deleted: (BE SPECIFIC) |
| N/A |
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| |
| (Attach additional pages if necessary) |
| If an amendment provides for 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 |
| N/A |
| |
| |
| |

(continued)

...

| The date of each amendment(s) adoption: 01/18/2008 |
|---|
| Effective date if applicable: (no more than 90 days after amendment file date) |
| Adoption of Amendment(s) (CHECK ONE) |
| The amendment(s) was/were approved 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) |
| The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required. |
| The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required. |
| 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) |
| Michael O. Schuett (Typed or printed name of person signing) |
| (1) spect or in threat tantile of person signing) |
| Incorporator |
| (Title of person signing) |

FILING FEE: \$35