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### BERNSTEIN & MILLER, P.A. ATTORNEYS AT LAW

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TELECOPIER (781) 599-8980 (781) 592-4000

GEORGE L. BERNSTEIN MARC J. MILLER Each attorney in this Office is an independent Practitioner who is not responsible for the practice or liability of any other attorney in the office.

August 26, 2008

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

RE: Juniper Financial Services Corp.

Dear Sir or Madam:

Enclosed for filing please find the following:

- 1. Cover Letter and Resignation of President
- 2. Covert Letter and Articles Amendment appointing new President
- 3. Check in the amount of \$35.00 for filing of the Resignation
- 4. Check in the amount of \$43.75 for filing of the Amendment, and Certificate of Status

Please forward Certificate of Status.

Thank you for your courtesy and cooperation.

George L. Bernstein

GLB/ad/1932G4 Enclosures

### **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF COR	PORATION:Juniper_	<u>Financial Services Cor</u>	р.		
DOCUMENT NU	MBER:				
The enclosed Artic	cles of Amendment and fee an	re submitted for filing.			
Please return all co	orrespondence concerning thi	s matter to the following:			
	George L. Bernsteir (Name o	n, Esquire of Contact Person)			
<del></del>		P.A. m/ Company)			
	220 Broadway - Suit	ce 205 (Address)			
		tate and Zip Code)			
For further inform	ation concerning this matter,	please call:			
George L. Bernstein, Esq. (Name of Contact Person)		at ( <u>781</u> ) <u>592</u> – (Area Code & Daytim	at (		
Enclosed is a chec	k for the following amount:				
□\$35 Filing Fee	■ \$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

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			01	The Paragraph is a
	Juni	per Financia	al Services Corp	PALLAHASSEE, FLORIDA
	(Name of corpo	ration as currently	filed with the Florida D	Dept. of State)
	(D	ocument number o	of corporation (if known)	)
	rovisions of section ing amendment(s)			Florida Profit Corporation
NEW CORPOR	RATE NAME (if c	changing):		
Must contain the wo	ord "corporation," "co poration must contain	mpany," or "incor he word "chartero	porated" or the abbrevia d", "professional associa	tion "Corp.," "Inc.," or "Co.") ation," or the abbreviation "P.A.")
			NAME CHANGE; eleted: (BE SPECIFI	) Indicate Article Number(s) <u>C</u> )
ARTICLE V	OFFICERS			
President:	Jodi A. Langone	∍, 207 Co	urt Road, Winth	rop, MA 02152
_				
			····	
	All the second of the second of			
		(Attach additions	l pages if necessary)	
				on of issued shares, provision self: (if not applicable, indicate N
	· · · · · · · · · · · · · · · · · · ·			
-				

(continued)

The date of each amendment(s) adoption: <u>August 1, 2008</u>
Effective date if applicable:
(no more than 90 days after amendment file date)
Adoption of Amendment(s) ( <u>CHECK ONE</u> )
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 actio 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  (Dyla 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)  Jodi A. Langone  (Typed or printed name of person signing)
President
(Title of person signing)

FILING FEE: \$35