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Division of Corporations

Fax Number : (850) 617-6380

From:

: CORPORATION SERVICE COMPANY Account Name

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## COR AMND/RESTATE/CORRECT OR O/D RESIGN

LEEHRAT 180, INC.

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|-------|------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|
| ,     | الما                                                             | Articles of Amendment                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | TALLAHASSEE, FLORIGE                  |
| ٠,    |                                                                  | to                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 144 AN 2.                             |
|       |                                                                  | Articles of Incorporation of                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | ASSER OF STREET                       |
|       |                                                                  | .*                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 1,700                                 |
|       | /Name of Composition                                             | LEEPRAT 180, INC.  a as currently filed with the Florida D                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | mat of State                          |
|       | (Mame of Corporation                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ept of state)                         |
| _     | <b>/</b> D                                                       | P08000106494<br>ment Number of Corporation (if known)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                       |
|       | (E)OCH                                                           | ment Number of Corporation (it known)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                       |
|       | to the provisions of section<br>ant(s) to its Articles of Incorp | 607.1006, Florida Statutes, this Florida Statutes, the Flo | da Profit Corporation adopts the foll |
| Iſam  | ending name, enter the nev                                       | y name of the corporation:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                       |
|       |                                                                  | contain the word "corporation," "co                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | The new                               |
| ncipa | new principal office addre<br>al office address <u>MUST BR</u>   | A STREET ADDRESS)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                       |
|       | r now mailing address, if a<br>ling address <u>MAY RE A PO</u> S |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | -                                     |
|       |                                                                  | <u></u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                       |
|       |                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                       |
|       |                                                                  | nud/or registered office address in Fluew registered office address:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | orida, enter the name of the          |
| M     | Jame of New Registered Ages                                      | <u>u</u> :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                       |
|       |                                                                  | : (Florida street addre                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 955)                                  |
| Ne    | ew Registered Office Address                                     | i. (Promadares dada                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                       |
| Ne    | ew Registered Office Address                                     | . (Fiorial siresi dadri                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                       |
| N     | ew Registered Office Address .                                   | (City)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | , Florida(Zip Code)                   |

Signature of New Registered Agent, if changing

| •            | tional sheets, if necessary)                                                               | \$ <b>33</b>                                                                           | Toma of Antion  |
|--------------|--------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|-----------------|
| <u>Title</u> | Name                                                                                       | Address                                                                                | Type of Action  |
| Secretary    | Virginia Coffeld                                                                           | 8350 SW 146th Street<br>Village of Palm, FL 33158                                      | Madd Add Remove |
| · · · · · ·  |                                                                                            |                                                                                        | □ Add □ Remove  |
|              | :<br>                                                                                      |                                                                                        | . 🗅 Add         |
|              |                                                                                            |                                                                                        | ☐ Remove        |
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|              |                                                                                            |                                                                                        |                 |
|              |                                                                                            |                                                                                        |                 |
| 3. Ifan am   | endment provides for an exchange                                                           | e, reclassification, or cancellation of iss                                            | ued shares,     |
| provisio     | endment provides for an exchangus for implementing the amendment applicable, Indicate N/A) | e, reclassification, or cancellation of iss<br>ont if not contained in the amendment i | ued shares.     |
| provisio     | os for implementing the amendme                                                            | e, reclassification, or cancellation of iss<br>ont if not contained in the amendment i | ued shares,     |

| Fax | Server                       | 2/24/2010                                                 | ) 12:07:33 Pi            | 1 PAGE           | 4/004                                  | Fax Server     |   |
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| ••  | (Plan Jaka of a of           |                                                           | 2.10                     | - 10             |                                        |                |   |
|     | i ne unic-oi eaca            | attenament(s) acolition:                                  | (date of adoption        | n is required)   | ······································ |                |   |
|     | Effective date if            | amendment(s) adoption:  applicable:  (no more the         | 2.10                     | .10              |                                        |                |   |
| į   |                              | (no more tha                                              | n 90 days after amen     | dment file dal   | e)                                     |                |   |
|     | Adoption of Ame              | endment(s) (                                              | CHECK ONE)               |                  |                                        |                |   |
|     |                              | nt(s) was/were adopted by<br>liders was/were sufficient i |                          | number of v      | otes cast for the                      | amendment(s)   |   |
|     |                              | nt(s) was/were approved by<br>ately provided for each vot |                          |                  |                                        |                |   |
|     |                              | ber of votes cast for the an                              |                          |                  | approval                               |                |   |
|     | by                           | (voting group                                             |                          | 25<br>           |                                        |                |   |
|     | The amendmes action was not  | nt(s) was/were adopted by required.                       | the board of directors   | without share    | holder action a                        | nd shareholder |   |
|     | The amendment action was not | ni(s) was/were adopted by<br>required.                    | the incorporators with   | iout sharehold   | er action and sl                       | nareholder     |   |
|     |                              | Dated                                                     | 0.10                     | ~~               |                                        |                |   |
|     |                              | <b>5</b> )                                                | X                        | -02111           |                                        |                |   |
|     |                              | Signature<br>(By a director, pre                          | sident or other office   | ri– if directors | or officers hav                        | e not been     |   |
|     |                              | selected, by an inc                                       | corporator — if in the l |                  |                                        |                |   |
|     |                              | appointed fiduciar                                        | y by that fiduciary)     |                  |                                        |                |   |
|     |                              |                                                           | Stacy C                  | C. Cof           | ie 10                                  |                |   |
|     |                              |                                                           |                          |                  |                                        |                |   |
|     |                              | · 7                                                       | resident                 |                  |                                        |                | • |
|     |                              | (Title                                                    | of person signing)       |                  |                                        | <del>-</del>   |   |