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| Special Instructions to | Filing Officer | |
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Office Use Only



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And

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R. WHITE

COVER LETTER

TO: Amendment Section Division of Corporations

| NAME OF CORPOR | RATION: Macomb Co | orporation | | | |
|--------------------------|---------------------------------------------|--------------------------------------------------------------------|---------------------------------------------------------------------------------------|--|--|
| DOCUMENT NUMBER: | | | | | |
| The enclosed Articles | of Amendment and fee are sul | bmitted for filing. | | | |
| Please return all corres | spondence concerning this mat | ter to the following: | | | |
| | Jay Brody | | | | |
| | | Name of Contact Person | | | |
| | Jay Howard Brody, P.C. | | | | |
| | | Firm/ Company | | | |
| | 6895 Telegraph Road, Suite 100 | | | | |
| | | Address | | | |
| | Bloomfield Hills, Michigan 48301 | | | | |
| | | City/ State and Zip Code | 2 | | |
| | | | | | |
| | | · | | | |
| | E-mail address: (to be us | ed for future annual report | notification) | | |
| · | | | | | |
| For further informatio | n concerning this matter, pleas | e call: | | | |
| Jay Brody | | _{at (} 248 | | | |
| Name | of Contact Person | Area Co | de & Daytime Telephone Number | | |
| Enclosed is a check for | the following amount made p | payable to the Florida Depa | artment of State: | | |
| \$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) | | |
| Mai | iling Address | Street | Address | | |
| Amendment Section | | Amendment Section | | | |
| Division of Corporations | | Division of Corporations Clifton Building | | | |
| | . Box 6327 ahassee, FL 32314 | | xecutive Center Circle | | |

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

FILED 13 DEC 12 M 10: 09

Macomb Corporation

SECRETARY OF STATE TALLAMASSES, FECRIDA

| (Name of Corporation as currently filed with the | Florida Dept. of State) FALLATINGSEE, FLORIDA |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|
| (Document Number of Corporation (| if known) |
| Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation: | Florida Profit Corporation adopts the following amendment(s) to |
| A. If amending name, enter the new name of the corporation: | |
| Not Applicable | The new |
| name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc," or word "chartered," "professional association," or the abbreviation | "Co". A professional corporation name must contain the |
| B. Enter new principal office address, if applicable: | Not Applicable |
| (Principal office address MUST BE A STREET ADDRESS) | |
| | |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | Not Applicable |
| D. If amending the registered agent and/or registered office add new registered agent and/or the new registered office address | |
| Name of New Registered Agent Not Applicable | _ |
| Name of New Registered Agent | |
| (Florida s. | treet address) |
| New Registered Office Address: | , Florida |
| (City | (Zip Code) |
| New Registered Agent's Signature, if changing Registered Agent hereby accept the appointment as registered agent. I am familiar | with and accept the obligations of the position. |
| Signature of New Registered | Agent, ij chunging |

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 <math>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>sv</u> | Sally Smith | | | |
| Type of Action (Check One) | <u>Title</u> | <u>Name</u> | <u>Addres</u> s | | |
| 1) Change | | Not Applicable | | | |
| Add | | | | | |
| Remove | | | | | |
| 2) Change | , | | | | |
| Add | | | | | |
| Remove | | | | | |
| 3) Change | | | | | |
| Add | | | | | |
| Remove | | | | | |
| 4) Change | | | | | |
| Add | | | | | |
| Remove | | | | | |
| 5) Change | | | | | |
| Add | | | | | |
| Remove | | | | | |
| 6) Change | | | | | |
| Add | | | | | |
| Remove | | | | | |

| E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific) |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ARTICLE THIRD |
| The number of shares of stock is:1,000,000 shares of common stock without par value |
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| 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) |
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| The date of each amendment(s) add | ption: | | , if other than th |
|---------------------------------------------------------------------|--------------------|------------------------------------------------------------------------------------------------------------------------------|--------------------|
| date this document was signed. | | | |
| Effective date if applicable: | (no mo | ore than 90 days after amendment file date) | _ |
| | | | |
| Adoption of Amendment(s) | (CHECK O | NE) | |
| The amendment(s) was/were adop by the shareholders was/were suff | | ders. The number of votes cast for the amendment(s). | |
| | | olders through voting groups. The following statement entitled to vote separately on the amendment(s): | |
| "The number of votes cast fo | r the amendment(s | s) was/were sufficient for approval | |
| by | | ,,, | |
| | (voting grou | ip) | |
| The amendment(s) was/were adop action was not required. | ed by the board of | f directors without shareholder action and shareholder | |
| The amendment(s) was/were adop action was not required. | ed by the incorpor | rators without shareholder action and shareholder | |
| Dated_December | r 10, 2013 | | |
| selected, | | other officer — if directors or officers have not been r — if in the hands of a receiver, trustee, or other court fiduciary) | _ |
| · F | Robert Brody | | |
| | (T | yped or printed name of person signing) | |
| <u> </u> | resident | Coto Brog | |
| . | | (Title of person signing | |