

F1300000309/

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: EXECUTIVE RECOVERY GROUP, INC.

Name of Corporation

DOCUMENT NUMBER: F13000003091

The enclosed Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

ERIN DETILLIER

Name of Contact Person

ARX DISASTER MANAGEMENT, INC.

Firm/Company

311 TELLY RD

Address

PICAYUNE, MS 39466

City/State and Zip Code

ERIN@EXECREAL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ERIN DETILLIER

Name of Contact Person

at (**601**) **798-4000**

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:



\$35.00 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

PROFIT CORPORATION
APPLICATION BY FOREIGN PROFIT CORPORATION TO FILE AMENDMENT TO
APPLICATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA
(Pursuant to s. 607.1504, F.S.)

SECTION I
(1-3 MUST BE COMPLETED)

F13000003091

(Document number of corporation (if known))

1. EXECUTIVE RECOVERY GROUP, INC.

(Name of corporation as it appears on the records of the Department of State)

2. MISSISSIPPI

(Incorporated under laws of)

3. 07/15/2013

(Date authorized to do business in Florida)

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SECTION II
(4-7 COMPLETE ONLY THE APPLICABLE CHANGES)

4. If the amendment changes the name of the corporation, when was the change effected under the laws of its jurisdiction of incorporation? 12/16/2013

5. ARX DISASTER MANAGEMENT, INC.

(Name of corporation after the amendment, adding suffix "corporation," "company," or "incorporated," or appropriate abbreviation, if not contained in new name of the corporation)

(If new name is unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

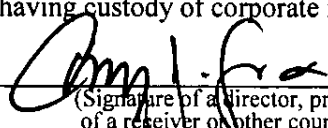
6. If the amendment changes the period of duration, indicate new period of duration.

(New duration)

7. If the amendment changes the jurisdiction of incorporation, indicate new jurisdiction.

(New jurisdiction)

8. Attached is a certificate or document of similar import, evidencing the amendment, authenticated not more than 90 days prior to delivery of the application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the laws of which it is incorporated.


(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)

COREY J. SMITH

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

State of Mississippi

Secretary of State's Office

C. Delbert Hosemann, Jr.

Secretary of State
Jackson, Mississippi

CERTIFICATE

I, C. Delbert Hosemann, Jr., Secretary of State of the State of Mississippi, and as such, the legal custodian of the corporate records, required by the laws of Mississippi, to be filed in my office, do hereby certify as follows:

That on May 22, 2013, the State of Mississippi issued a Charter of Incorporation to **EXECUTIVE RECOVERY GROUP, INC.**

That on December 16, 2013, Articles of Amendment were filed changing the name from **EXECUTIVE RECOVERY GROUP, INC** to **ARX DISASTER MANAGEMENT, INC.**

That the registered office of said corporation is located at 311 Telly Road, Picayune, Mississippi and the registered agent at that address is Corey J. Smith.

That insofar as the records of this office are concerned, the said **ARX DISASTER MANAGEMENT, INC.** is in good standing at this time.

Given under my hand
and seal of office
January 27, 2014

C. Delbert Hosemann, Jr.

C. Delbert Hosemann, Jr.
Secretary of State

