

Nov. 28. 2006 3:31PM
Division of Corporations

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CODINA GROUP, INC.

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**ARTICLES OF AMENDMENT
TO
ARTICLES OF INCORPORATION
OF
CODINA GROUP, INC.**

Pursuant to the provisions of Section 607.1006, Florida Statutes, Codina Group, Inc., a Florida profit corporation (this "Corporation"), adopts the following Articles of Amendment to its Articles of Incorporation:

1. The name of this Corporation is Codina Group, Inc.
2. Article I of the Articles of Incorporation of the Corporation is hereby amended in its entirety to read as follows:

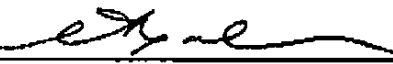
"FIRST: The name of the corporation is Flagler Development Group, Inc."

3. The foregoing amendment was approved by the Board of Directors of the Corporation by Unanimous Written Consent on November 22, 2006, and it was recommended that the Articles of Amendment be presented to the Shareholders for adoption at a special meeting.

4. The foregoing amendment was adopted pursuant to Section 607.1003, Florida Statutes, by Written Consent of the sole Shareholder on November 22, 2006; the vote of the sole Shareholder for the amendment was sufficient for approval.

IN WITNESS WHEREOF, Codina Group, Inc. has caused these Articles of Amendment to Articles of Incorporation to be executed in its name by its President this 22nd day of November, 2006.

CODINA GROUP, INC.

By: 
Name: Armando Codina
President

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AFFIDAVIT REGARDING CONSENT TO USE OF CORPORATE NAME

The undersigned, Flagler Development Group, Inc., a dissolved Florida corporation, does hereby give Codina Group, Inc., a Florida corporation, the right to use the name of "Flagler Development Group, Inc." and to change its corporate name to such name.

FLAGLER DEVELOPMENT GROUP, INC.

By: Heidi J. Eddins
Name: Heidi J. Eddins
Its: President

STATE OF FLORIDA
COUNTY OF ~~DUVAL~~ St. Johns

The foregoing instrument was acknowledged before me this 22 day of November, 2006, by Heidi J. Eddins as President of Flagler Development Group, Inc., a dissolved Florida corporation (the "Corporation"), on behalf of the Corporation. Such person (check one) ☒ is personally known to me or ☐ has provided me with (insert type of identification) _____ as satisfactory identification.

Karen S. Scally
Notary Public, State of _____
Name: _____
My Commission Expires: _____
My Commission Number is: _____

KAREN S. SCALLY
Notary Public, State of Florida
My comm. expires April 8, 2008
Comm. No. DD 016579