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ECHELATY OF STATE

ALLANASSEE, FLORID.

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R. WHITE

COVER LETTER

TO: Amendment Section Division of Corporations	
Division of Corporations	11 0-
NAME OF CORPORATION:	Mission 25
	11 4 9 11 14 14 12 12 22
DOCUMENT NUMBER:	N08000003432
The enclosed Articles of Amendment and fee are sub	omitted for filing.
Please return all correspondence concerning this mat	ter to the following:
	Matt Maddix
	(Name of Contact Person)
	Missian 25
	(Firm/ Company)
506 Trinity LN, ST.	Petersburg, R 33716
	(Address)
	St Petersburg, Fi 33716
	(City/ State and Zip Code)
	Mjmaddix@ ad-com
E-mail address: (to be use	ed for future annual report notification)
For further information concerning this matter, pleas	e call:
Matt Maddix	at (727) 512 - 7850 (Area Code & Daytime Telephone Number)
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount made p	payable to the Florida Department of State:
\$35 Filing Fee \$43.75 Filing Fee & Certificate of Status	Certified Copy (Additional copy is enclosed) \$\sum_{\text{\$\frac{1}{3}}}\$\$\$ \$152.50 \text{ Filing Fee} \text{Certificate of Status} \text{Certified Copy} \text{(Additional Copy is Enclosed)}
Mailing Address	Street Address
Amendment Section	Amendment Section
Division of Corporations P.O. Box 6327	Division of Corporations Clifton Building
Tallahassee, FL 32314	2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to FILED Articles of Incorporation (Name of Corporation as currently filed with the Florida Dept. of State) (Document Number of Corporation (if Pursuant to the provisions of section 617.1006, Florida Statutes, this Florida Not For Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: Missian 25 Inc. name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name. B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent: (Florida street address) New Registered Office Address: (City) (Zip Code) New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Page 1 of 4

Signature of New Registered Agent, if changing

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 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: XChange X Remove X Add	<u>PT</u> <u>V</u> <u>SV</u>	John Do Mike Jor Sally Sm	<u>nes</u>	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
i) Change		_		
Add				
Remove				
2) Change		_		
Add				
Remove				
3) Change			· · · · · · · · · · · · · · · · · · ·	
Add				
Remove				
4) Change		_		
Add	,			
Remove				
5) Change				
Add				
Remove				
6) Change		_		
Add				
Remove				

If amending or add attach additional she	eets, if necessary).	(Be specifi	c)			
						
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The	The date of each amendment(s) adoption:	
date	this document was signed.	
Effe	ective date if applicable:	
	(no more than 90 days after amendment file date)	
Ado	option of Amendment(s) (CHECK ONE)	
	The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.	
Ø	There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.	
	Dated $\frac{1/6/13}{(W-d)}$	
	Signature	
	(By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator – if in the hands of a receiver, trustee, or	
	other court appointed fiduciary by that fiduciary)	
	Matt Maddix	
	(Typed or printed name of person signing)	
	(Title of person signing)	