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Office Use Only



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Alvend. 12-4-12

COVER LETTER

TO: Amendment Section

Division of Corporations Simulation Network Inc The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: (Firm/ Company) 11205 Placed lake Court Flonda 33569-2921 E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: anghell at (813) 376-2677

(Area Code & Daytime Telephone Number) Enclosed is a check for the following amount made payable to the Florida Department of State: □\$43.75 Filing Fee & \$\\\\\$43.75 Filing Fee & Certificate of Status Certified Copy \$52.50 Filing Fee □ \$35 Filing Fee Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is Enclosed) Street Address Mailing Address Amendment Section Amendment Section

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

	of	or por acton		The Tax
TAMPA BAY	Simulation	Netwin	L Inc.	0
(Name of Corporation as currently for	iled with the Florida De	ept. of State)		-
$\mathcal{N}\iota$	00000114	128		1
(Document N	umber of Corporation (if	known)		
Pursuant to the provisions of section 617,100 amendment(s) to its Articles of Incorporation		Florida Not For Proj	it Corporation add	opts the following.
A. If amending name, enter the new name	of the corporation:			
	· · · · · · · · · · · · · · · · · · ·			The new
name must be distinguishable and contain the "Company" or "Co." may not be used in the		"incorporated" or i	he abbreviation "(Corp." or "Inc."
B. Enter new principal office address, if a	nnlicable			
(Principal office address MUST BE A STRE		. ()		
		NK	•	
		17/1		
C. Enter new mailing address, if applicab	ile:			
(Mailing address MAY BE A POST OF)		· · · · · · · · · · · · · · · · · · ·	· ·	
			H	
	j.	/ V	V (
			*** **	
D. If amending the registered agent and/or new registered agent and/or the new re			the name of the	
	elistered office address.	^		
Name of New Registered Agent:		NA		
		771		
New Registered Office Address:	(Florida	street address)		
	1.	. x - 41	Marida	
_	(City)		, Florida (Zip Code)	
New Registered Agent's Signature, if chan	ging Dogistared Agent			
I hereby accept the appointment as registered			bligations of the po	osition.
Signat	ure of New Registered A	gent, if changing		

Page 1 of 4

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:

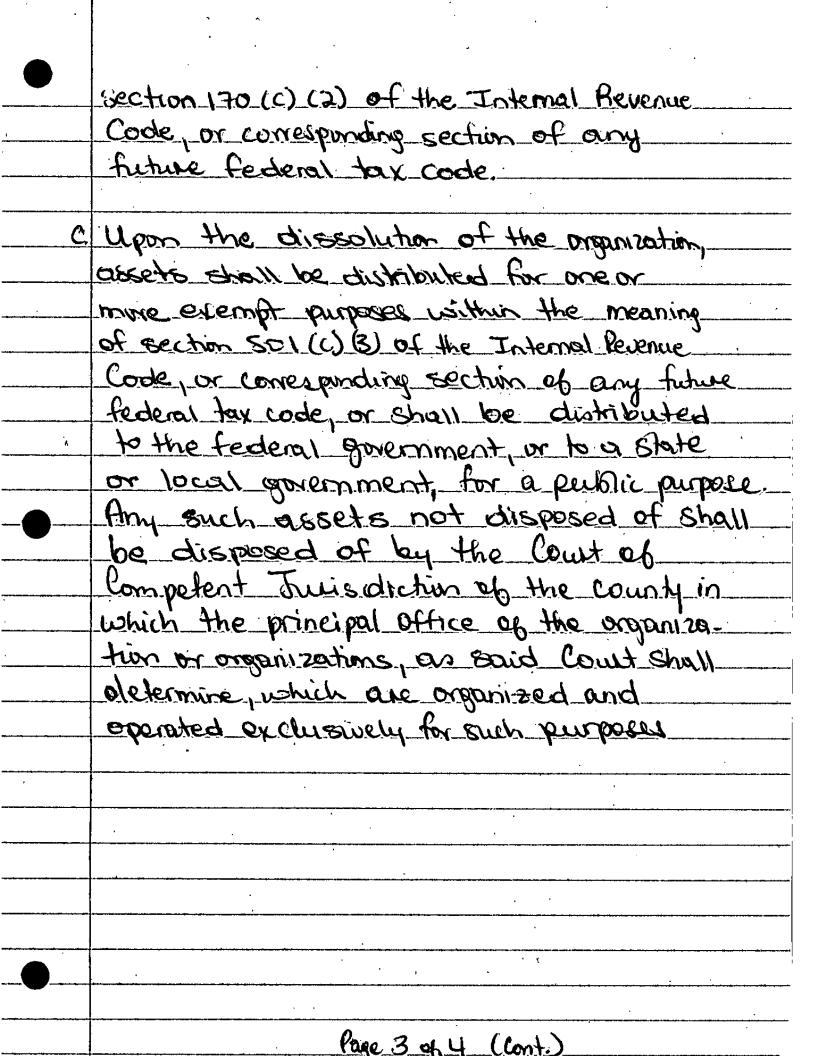
P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director 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 X.Remove X Add	PT V SV	John Doe Mike Jones Sally Smith		
Type of Action (Check One)	Title	<u>Name</u>		<u>Addres</u> s
1) Change		<u> </u>	NA	
Add			en e	
			NA	
2) Change Add		-		
Remove			NA	
3) Change Add				
Remove			(A	
4) Change		-	NH	
Add				
5) Change			NA	
Add	-	 ,		
Remove			MA	
6) Change	·		<u> [V 1].</u>	
Add				
Remove			Dags 2 of 4	

E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)

b. No part of the net earnings of the organization trustees, offices, or other converte



The date of each amendment(s) adoption: Wyomber 8, 2012					
Effective date <u>if applicable</u> :	•				
	(no more than 90 days after amendment file date)				
Adoption of Amendment(s)	(CHECK ONE)				
The amendment(s) was/we was/were sufficient for app	ere adopted by the members and the number of votes cast for the amendment(s) proval.				
There are no members or adopted by the board of di	members entitled to vote on the amendment(s). The amendment(s) was/were irectors.				
Dated	1/8/12				
Signature	avolne N. Campbell				
have no	chairman or vice chairman of the board, president or other officer-if directors of been selected, by an incorporator – if in the hands of a receiver, trustee, or ourt appointed fiduciary by that fiduciary)				
Can	oline N. Campbell				
•	(Typed or printed name of person signing)				
·	Vice Chair person				
	(Title of person/signing)				