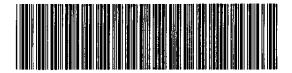
| (Re | equestor's Name) | |
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| PICK-UP | WAIT | MAIL |
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| Certified Copies | _ Certificates | of Status |
| Special Instructions to | Filing Officer: | |
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COVER LETTER

TO: Amendment Section Division of Corporations

| NAME OF CORPORATION: MOST PRE | CISION SERVICES CORF | PORATION |
|--|---|---|
| DOCUMENT NUMBER: P00000023319 | | |
| The enclosed Articles of Amendment and fee are | e submitted for filing. | |
| Please return all correspondence concerning this | matter to the following: | |
| LARRY J.SMITH | | |
| Name of | Contact Person | |
| SMITH, SMITH & ASSOC | IATION, INC. | |
| Fim | n/ Company | |
| 6314 WHISKEY CREEK | DR. SUITE B | |
| | Address | |
| FORT MYERS, FLORID | | |
| City/ Sta | ite and Zip Code | |
| LARRYSR@SMITHSMI | THASSOC.COM | |
| E-mail address: (to be used | for future annual report notification) | |
| For further information concerning this matter, p | please call: | |
| LARRY J. SMITH | at (239-) 482-3573 | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |
| Name of Contact Person | Area Code & Daytime Telep | hone Number |
| Enclosed is a check for the following amount ma | nde payable to the Florida Departm | ent of State: |
| S35 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 | |

Articles of Amendment to Articles of Incorporation of

MOST PRECISION SERVICES CORPORATION

(Name of Corporation as currently filed with the Florida Dept. of State)

| P0000023319 | , |
|--|--|
| (Document Number of Corporation (i | f known) |
| Pursuant to the provisions of section 607.1006, Florida Statutes, t following amendment(s) to its Articles of Incorporation: | his Florida Profit Corporation adopts the |
| A. If amending name, enter the new name of the corporation: | |
| TARPON LAKE INVEST CORPORATION | |
| The new name must be distinguishable and contain the wor "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or "Co". A professional corporation name must contain the association," or the abbreviation "P.A." | the designation "Corp." "Inc," or |
| 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) | DIVISION OF CORPORATION OF CORPORATI |
| D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address | ess in Florida, enter the name of the |
| Name of New Registered Agent: | |
| New Registered Office Address: (Florida st | reet address) |
| —————————————————————————————————————— | ty) , Florida, (Zip Code) |
| New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am famil position. | |

Signature of New Registered Agent, if changing

If AMENDING the Officers and/or Directors, please list all officers/directors of the corporation as you now want the record to be. Please indicate the title(s), name and address for each officer/director.

(Our database can index up to 6 officers/directors. If you have more than 6 officers/directors, please list them on an additional sheet.)

| Title(s) | Name | | Address | |
|----------------------------|-------------------------------|---|--------------------------|---------------|
| 1) | | *************************************** | | |
| 2) | | | | |
| 3) | | | | |
| 4) | | | | |
| · | | | | |
| 5) | | | | |
| 6) | | | | |
| If REMOVING an of removed: | ficer and/or director, please | list the title(s) ar | nd name of the officer/d | irector to be |
| Title(s) | Name | Title(s) | <u>Name</u> | |
| 1) | | 4) | | |
| 2) | | 5) | | |
| 3) | | 6) | | |

| attàch additional sheets, if necessary). | (Be specific) | |
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| <u>provisions for implementing the ame</u> | change, reclassification, or cancellation of issued shendment if not contained in the amendment itself: | are |
| | | are |
| <u>provisions for implementing the ame</u> | | are |
| <u>provisions for implementing the ame</u> | | are |
| <u>provisions for implementing the ame</u> | | are |
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| provisions for implementing the ame | | are |

| The date of each amendmen | t(s) adoption: NOVEMBER 1, 2011 |
|--|---|
| Effective date <u>if applicable</u> : | NOVEMBER dage of adoption - required) |
| | (no more than 90 days after amendment file date) |
| Adoption of Amendment(s) | (CHECK ONE) |
| | ere adopted by the shareholders. The number of votes cast for the amendment(s) were sufficient for approval. |
| | ere approved by the shareholders through voting groups. The following statement ed for each voting group entitled to vote separately on the amendment(s): |
| "The number of votes | cast for the amendment(s) was/were sufficient for approval |
| by | |
| | (voting group) |
| The amendment(s) was/we action was not required. | re adopted by the board of directors without shareholder action and shareholder |
| The amendment(s) was/we action was not required. | re adopted by the incorporators without shareholder action and shareholder |
| Dated NO | VEMBER 1, 2011 |
| (By | a director, president or other officer – if directors or officers have not been ected, by an incorporator – if in the hands of a receiver, trustee, or other court pointed fiduciary by that fiduciary) |
| | MAGNUS PAULSEN |
| | (Typed or printed name of person signing) |
| | DIRECTOR |
| | (Title of person signing) |