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COVER LETTER

TO: Amendment Section Division of Corporations

DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Scott R. Chakan Name of Contact Person USA Tax & Insurance Services, Inc. Firm/ Company 4114 Woodlands Pkwy., Ste 402 Address Palm Harbor, FE 34685. City/ State and Zip Code Schakan@usatax.us E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Scott R. Chakan Name of Contact Person Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: \$\Begin{array} \text{Stiling Fee} \text{Certificate of Status} \text{Certificate of Status} \text{Certificate Opy is enclosed} \text{Certificate of Status}	NAME OF CORPORATION:	USA Tax & Insurance Services, Inc.
Please return all correspondence concerning this matter to the following: Scott R. Chakan Name of Contact Person		
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Scott R. Chakan Name of Contact Person USA Tax & Insurance Services, Inc. Firm/ Company 4114 Woodlands Pkwy., Ste 402 Address Palm Harbor, FE 34685. City/ State and Zip Code schakan@usatax.us E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Scott R. Chakan Name of Contact Person at (866) 917-1040 ext. 404 Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: \$\Begin{array} \text{State} & \text{Stating Fee} & \text{Stating Fee} & \text{Certificate of Status} & \text{Certificate of Status} & \text{Certified Copy} \ (Additional copy is enclosed) & \text{Certified Copy} \ (Additional Copy is enclosed) & \text{Certified Copy} \ (Additional Copy is enclosed) & \text{Division of Corporations} & \text{Division of Corporations} & \text{Division of Corporations} & \text{Clifton Building}	The enclosed Articles of Amendment	and fee are submitted for filing.
Name of Contact Person	Please return all correspondence conce	rning this matter to the following:
USA Tax & Insurance Services, Inc. Firm/ Company 4114 Woodlands Pkwy., Ste 402 Address Palm Harbor, FL 34685. City/ State and Zip Code Schakan@usatax.us E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Scott R. Chakan Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: \$\frac{\sqrt{335}}{\sqrt{1810g}} \frac{\sqrt{343.75}}{\sqrt{1810g}} \frac{\sqrt{182}}{\sqrt{182}} \frac{\sqrt{343.75}}{\sqrt{1810g}} \frac{\sqrt{182}}{\sqrt{182}} \frac{\sqrt{343.75}}{\sqrt{1810g}} \frac{\sqrt{182}}{\sqrt{182}} \frac{\sqrt{343.75}}{\sqrt{1810g}} \frac{\sqrt{182}}{\sqrt{182}} \		
Palm Harbor, FL' 34685 City/ State and Zip Code		Name of Contact Person
Address Palm Harbor, FL 34685: City/ State and Zip Code Schakan@usatax.us E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Scott R. Chakan Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: S35 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed) Mailing Address Amendment Section Division of Corporations P.O. Box 6327 City/ State and Zip Code Schakan@usatax.us at (866) 917-1040 ext. 404 Area Code & Daytime Telephone Number Street Address Amendment Section Division of Corporations P.O. Box 6327 Cliffon Building		
Palm Harbor, FL 34685. City/ State and Zip Code Schakan@usatax.us E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Scott R. Chakan Name of Contact Person Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: \$\Begin{array} \text{S43.75 Filing Fee} & \Begin{array} S43.75 Filin		Firm/ Company
Palm Harbor, FL 34685: City/ State and Zip Code schakan@usatax.us E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Scott R. Chakan Name of Contact Person Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: \$\Begin{array} \text{Stott} \text{Filing Fee} \text{Certificate of Status} \text{Certified Copy} \text{Certified Copy} \text{Certified Copy} \text{(Additional copy is enclosed)} \text{Certified Copy} \text{(Additional Copy is enclosed)} \text{Division of Corporations} \text{Division of Corporations} \text{Division of Corporations} \text{Clifton Building}		
Palm Harbor, FL 34685: City/ State and Zip Code schakan@usatax.us E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Scott R. Chakan at (866 917-1040 ext. 404 Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: \$\Begin{align*} \text{State} \\ \text{State} \\ \text{Certificate of Status} \\ \text{Certified Copy} \\ \text{Certified Copy} \\ \text{Certified Copy} \\ \text{(Additional copy is enclosed)} \\ \text{Certified Copy} \\ \text{(Additional Copy is enclosed)} \\ \text{Devition of Corporations} \\ \text{Division of Corporations} \\ \text{Division of Corporations} \\ \text{Polysion of Corporations} \\ Polysi	-	Address
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Amendment Section Division of Corporations P.O. Box 6327 Amendment Section Division of Corporations Clifton Building		atus Certified Copy Certificate of Status
Tallahassee, FL 32301	Amendment Section Division of Corporations P.O. Box 6327	Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle

Articles of Amendment to Articles of Incorporation of

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USA Tax & Insurance Services, Inc.	ALLAETAD	44 9.
(Name of Corporation as currently filed with the Florida Dept. of State)	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	OF 5.
	`¢,	FLORIE
(Document Number of Corporation (if known)		10,7

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name	e of the corporation:	
name must be distinguishable and contain abbreviation "Corp.," "Inc.," or Co.," or name must contain the word "chartered," "p	the designation "Corp," "Inc," or "Co"	. A professional corporation
B. Enter new principal office address, if a (Principal office address <u>MUST BE A STRI</u>		
C. Enter new mailing address, if applicate (Mailing address MAY BE A POST OF)		
D. If amending the registered agent and/o new registered agent and/or the new re		nter the name of the
Name of New Registered Agent:	Scott R. Chakan	
New Registered Office Address:	4114 Woodlands Pkwy., Ste 40 (Florida street address)	2
	Palm Harbor (City) (, Florida <u>34685</u> Zip Code)
New Registered Agent's Signature, if chan I hereby accept the appointment as registered		

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) Title Address Type of Action Name Ρ Stephen R. Hand 4114 Woodlands Pkwy., Ste. 402 Add Scott R. Chakan CEO 4114 Woodlands Pkwy. Ste. 402 Add Joseph R. Karsner IV 4114 Woodlands Pkwy., Ste. 402 Add E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)
Stephen R. Hand has been named Chairman effective 4/1/2010 and has been removed from the CEO/President role. (same address as above) A. Ravi Malick was named COO effective 4/1/2010 (same address as above) F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)

The date of each amendment	(s) adoption: (date of adoption is required)
77.00 4' 1 4 'C 1' 11	
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/wer by the shareholders was/we	re adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.
	re approved by the shareholders through voting groups. The following statement d for each voting group entitled to vote separately on the amendment(s):
	cast for the amendment(s) was/were sufficient for approval
by	(voting group)
,	(voting group)
The amendment(s) was/wer action was not required.	re adopted by the board of directors without shareholder action and shareholder
The amendment(s) was/wer action was not required.	re adopted by the incorporators without shareholder action and shareholder
Dated_4/1/2	2010
sele	a director, president or other officer – if directors or officers have not been cted, by an incorporator – if in the hands of a receiver, trustee, or other court ointed fiduciary by that fiduciary)
	Scott R. Chakan
	(Typed or printed name of person signing)
	CEO
	(Title of person signing)