Division of Corporations

FLORDA TRUST INSURANCE

(FAX)3058838693

P. 001/005

Page 1 of 1

Florida Department of State sign of Corporations

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(((H08000181784 3)))



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Division of Corporations

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from:

Account Name : FLORIDA TRUST INSURANCE INC.

Account Number : I20070000133

Phone : (305)883-8488

Fax Number

: (305)883~8693

COR AMND/RESTATE/CORRECT OR O/D RESIGN

WISE EQUIPMENT CORPORATION.

Certificate of Status	O REPRESENT
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July 28, 2008

FLORIDA DEPARTMENT OF STATE
Division of Corporations

WISE EQUIPMENT CORPORATION 3342 VILLAGE GREEN DRIVE MIAMI, FL 33175

SUBJECT: WISE EQUIPMENT CORPORATION

REF: P03000018670

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The current name of the entity is as referenced above. Please correct your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6925.

Teresa Brown Regulatory Specialist II FAX Aud. #: H08000181784 Letter Number: 808A00043352 TO:

Amendment Section

COVER LETTER

Division of Corporations
SUBJECT: WIDE EQUIPMENT CORPORCHION
DOCUMENT NUMBER: PO 30000 18670
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
(Name of Contact Person)
Mire Economical Corp. (Firm/Company)
3342 VIllage Green Or (Address)
Miam, FC 33175 (City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Contact Person) (Name of Contact Person) (Area Code & Daytime Telephone Number)

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a \$35.00 check made payable to the Department of State.

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

FLORDA TRUST INSURANCE

FILED

2008 JUL 28 AM 7: 35

SECRETARY OF STATE TALLAHASSEE. FLORIDA

Articles of Amendment to Articles of Incorporation of

Mise	Fauno	ment 1	Coporation da Dept. Di State)	_
(Name	of corporation as currently	filed with the Florid	da Dept. pi State)	•

(Document number of corporation (if known)

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

NEW CORPORATE NAME (If changing):

(Must contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.") (A professional corporation must contain the word "chartered", "professional association," or the abbreviation "P.A.")
AMENDMENTS ADOPTED- (OTHER THAN NAME CHANGE) Indicate Article Number(s) and/or Article Title(s) being amended, added or deleted: (BE SPECIFIC)
Delete Edgardo Escubar ()
3342 Village Green Dr.
Miami Fr 33175
•
(Attach additional pages if necessary)
If an amendment provides for exchange, reclassification, or cancellation of issued shares, provision for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N
•
(continued)

The date of each amendment(s) adoption:
Effective date if applicable: 260 days after amendment file date)
Adoption of Amendment(s) (CHECK ONE)
The amendment(s) was/were approved by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided 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/were adopted by the board of directors without shareholder action and shareholder action was not required.
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.
Signature (By a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
Moraima Elisa Escobare (Typed or printed name of person signing)
President.
(Title of person siming)

FILING FEE: \$35