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Τσ:

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COR AMND/RESTATE/CORRECT OR O/D RESIGN

ROYAL PROFESSIONAL SERVICES, INC.

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## COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF COR	PORATION: ROYAL PI	ROFESSIONAL SERV	ICES, INC.
DOCUMENT NU	JMBER: <u>P04000074840</u>	· .	
The enclosed Arti	cles of Amendment and fee ar	e submitted for filing.	•
Please return all c	orrespondence concerning thi	s matter to the following:	
		nudio Ribeiro of Contact Person)	
	framing (	or Conduct Forson)	
		xplace Corp. m/ Company)	<del>प्राथमिक ।</del> इ.स. १५
		S US, 1 Suite 9	<del></del>
		(Address)	
		IERCE, FL 34982 tate and Zip Code)	<del></del>
For further inform	nation concerning this matter,	please call:	
(Nav.	Claudio Ribeiro		-1000 ne Telephone Number)
•	k for the following amount:	(Mes cose a nayen	(c trappose number)
<b>⊠ \$</b> 35 Filing Pee	S43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is anclosed)	S52.50 Filing Pec Certificate of Status Certified Copy (Additional Copy is enclosed)
P.O. Box 6	nt Section f-Corporations	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center C Tallahassee. FL- 32301	

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## Articles of Amendment to Articles of Incorporation of

	of	ALLESS AM
ROYAL PRO	OFESSIONAL SERVICES, INC.	MASEL CO.
(Name of corporation	on as currently filed with the Florida Dept. of State)	TALLAHASSEE, FLOR
	P04000074840	
(Docur	ment number of corporation (if known)	
Pursuant to the provisions of section 6	507.1006, Florida Statutes, this Florida Prof	it Corporation
dopts the following amendment(s) to		
	·	—
NEW CORPORATE NAME (if cha	<u>ngine):</u>	•
	·	
Must contain the word "corporation," "compa	any", "or incorporated" or the abbreviation "Corp.," "	'Inc.," or "Co.")
A professional corporation must contain the	word "chartered", "professional association," or the a	opreviation (r.A. )
	ER THAN NAME CHANGE) Indicate Art	ticle Number(s)
und/or Article Title(s) being amended,	, added or deleted: (BE SPECIFIC)	
ARTICLE VII - THE NEW OFFICERS	AND DIRECTORS OF THE CORPORATION	ARE:
President/Director: FABIO L SILVA	the state of the s	· · · · · · · · · · · · · · · · · · ·
Address: 3335 Sw Himango St		
Port St Lucie, Fl 34953	The Angles grant and a	
Vice-President/Director: Juan Carlos Martin	gez	
Address:2105 S 3rd ST		
Fort Pierce, Fl 34950		
min		
Director: Guadalupe Chavez		•
Address: 2105 S 3rd ST		
Address: 2105 S 3rd ST		
Address: 2105 S 3rd ST Fort Pierce, Fl 34950	attach additional pages if necessary)	
Address: 2105 S 3rd ST Fort Pierce, Fl 34950 (A		
Address: 2105 S 3rd ST  Fort Pierce, Fl 34950  (A	ge, reclassification, or cancellation of issued	shares, provisions
Address: 2105 S 3rd ST  Fort Pierce, Fl 34950  (A		shares, provisions oplicable, indicate N/A)
Fort Pierce, Fl 34950  (A)  It an amendment provides for exchange	ge, reclassification, or cancellation of issued of contained in the amendment itself: (if not approximately approx	pplicable, indicate N/A)
Address: 2105 S 3rd ST  Fort Pierce, Fl 34950  (A  It an amendment provides for exchange for implementing the amendment if no	ge, reclassification, or cancellation of issued	opplicable, indicate N/A)

(continued)

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The date of each amendment(s) adoption: 07/26/2006
Effective date if applicable: 97/26/2006
(no more than 90 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 of 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)
Fabio L Silva
(Typed or printed name of person signing)
President / Director
(Title of person signing)

FILING FEE: \$35