DDD000/0/28

(Re	equestor's Name)	
(Ac	idress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bı	usiness Entity Nan	ne)
(Do	ocument Number)	•••
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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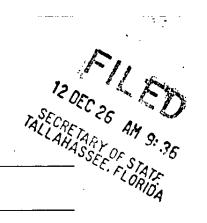
COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Training	Solutions and Alternatives
DOCUMENT NUMBER: P05000010	
The enclosed Articles of Amendment and fee a	re submitted for filing.
Please return all correspondence concerning this	•
. Touse rotain air correspondence concerning this	, mater to the tone mig.
Mel Himes Jr -	Director
	Name of Contact Person
Training Altern	atives, Inc
	Firm/ Company
419 North Cau	seway
	Address
New Smyrna E	Beach Florida 32169
.	City/ State and Zip Code
mhimes@mhaia.c	om
	be used for future annual report notification)
For further information concerning this matter,	please call:
Mel Himes Jr	_{at (} 386 ₎ 804-1352 cell
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount m	ade payable to the Florida Department of State:
□ \$35 Filing Fee ■\$43.75 Filing Fee Certificate of State	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327	Street Address Amendment Section Division of Corporations Clifton Building
Tallahaccee Fl 32314	2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment Articles of Incorporation



Training Solutions and Alternatives, Inc

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

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nent(s) to

A. <u>If amending name, enter the new name of the corpo</u> Training Alternatives, Inc	oration:
	corporation," "company," or "incorporated" or the abbi "Inc," or "Co". A professional corporation name must corporation "P.A."
3. Enter new principal office address, if applicable:	419 North Causeway
Principal office address <u>MUST BE A STREET ADDRE</u>	New Smyrna Beach Florida 32169
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	2141 Wiggley Farms Road
(Deltona, Fl 32725
D. If amending the registered agent and/or registered new registered agent and/or the new registered offi Name of New Registered Agent	
Name of New Registered Agent	
new registered agent and/or the new registered offi Name of New Registered Agent	ice address:

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 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	<u>PT</u>	John Do	<u>oe</u>	
X Remove	<u>v</u>	Mike Jo	ones	
X Add	<u>sv</u>	Sally Sr	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	<u>Addres</u> s
1) Change		_		
Add				
Remove				
2) Change		_		
Add				
Remove				
3) Change		_		
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change		_		
Add			•	
Remove				
6) Change				
Add				
Remove				

tach <i>additional sheets, if r</i>	necessary). (Be spe	cific)		
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	The state of the s			<u> </u>
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an amendment provides rovisions for implementi	for an exchange, reing the amendment i	classification, or c f not contained in	ancellation of issued the amendment itse	<u>l shares,</u> <u>lf:</u>
(if not applicable, indic	cate N/A)			
				
				
				

The date of each amendment(s)) adoption: 12/01/2012
Effective date <u>if applicable</u> :	12/1/2012
<u> </u>	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(<u>CHECK ONE</u>)
The amendment(s) was/were a by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.
	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):
"The number of votes ca	ast for the amendment(s) was/were sufficient for approval
by	(voting group)
	(voting group)
action was not required.	adopted by the board of directors without shareholder action and shareholder adopted by the incorporators without shareholder action and shareholder
action was not required.	
Dated 12/0	1/2012
Signature	Maler's F Hunger Dr
(By selec	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 printed fiduciary by that fiduciary)
	Mel Himes Sr
	(Typed or printed name of person signing)
	President
	(Title of person signing)