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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORAT	ION: SHELL PC	OOL SERVICES, INC	
DOCUMENT NUMBER	: <u>P05000032</u>	2146	
The enclosed Articles of A	Imendment and fee a	are submitted for filing.	
Please return all correspor	dence concerning thi	is matter to the following:	•
		ELIAS SILVA of Contact Person)	
	(Fü	rm/ Company)	
	·	I NW 47TH WAY	
		(Address)	
		UT CREEK , FL 33073 tate and Zip Code)	· .
For further information co			
ELIAS SILVA (Name of Cont	act Person)	at (561) 674 33 (Area Code & Dayti	90 me Telephone Number)
Enclosed is a check for the	e following amount n	nade payable to the Florida D	
	43.75 Filing Fee & ertificate 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 Corpor P.O. Box 6327 Tallahassee, FL 32	ations	Street Address Amendment Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	

Articles of Amendment to Articles of Incorporation of

SHELL POC				
(Name of Corporation as curren	tly filed with t	he Florida Dept. of State)	
P5000032146		ALLL ALLL		
(Document Numb	er of Corporati	on (if known)	FI AND A	
Pursuant to the provisions of section 607.1006, following amendment(s) to its Articles of Incorporate	, Florida Statut oration:	tes, this <i>Florida Profit Co</i>	rporation adopts the	
A. If amending name, enter the new name of t	the corporation	<u>n:</u>	I: 40 TATE ORIDA	
The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."				
b. Enter hew principal office address, it applicable.		541 NW 47TH WAY		
(Principal office address MUST BE A STREET	(ADDRESS)	COCONUT CREEK, FL 33063		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	<u>E BOX</u>)	P.O. BOX 934247 MARGATE, FL 33093		
D. If amending the registered agent and/or renew registered agent and/or the new registered			the name of the	
Name of New Registered Agent:	ELIAS SILVA			
<u>New Registered Office Address</u> :	641 NW 47TH V (Flori	VAY da street address)		
<u>c</u>	COCONUT CRE	(City)	Florida 33063 (Zip Code)	
New Registered Agent's Signature, if changing I hereby accept the appointment as registered position. Signature, if changing I hereby accept the appointment as registered position.	agent I am	gent: familiar with and accept in the second		

	ditional sheets, if necessary)	h Officer and/or Director being added:	
much uuc	inonal sheets, if hecessary)		
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Th	e date of each amendment(s) adoption: 03/30/2009
Efi	fective date if applicable: 01/05/2009
	(no more than 90 days after amendment file date)
Ad	loption of Amendment(s) (CHECK ONE)
	The amendment(s) was/were adopted 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)
Ø	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.
	Dated 03/30/2009 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)
	ELIAS SILVA
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)