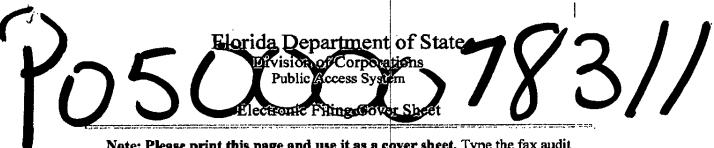
page 1

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Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : DORAL CORPORATE FILING SERVICE

Account Number : 120070000081 : (305) 436-0979 Phone Fax Number : (305)592-5575

COR AMND/RESTATE/CORRECT OR O/D RESIGN

ISM DESIGN, INC.

| Certificate of Status | 0 |
|-----------------------|---------|
| Certified Copy | 0 |
| Page Count | 04 |
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Electronic Filing Menu

Corporate Filing Menu

Help

https://efile.sunbiz.org/scripts/efilcovr.exe

| 09 2009 16:59 HP LAS | ERJET FAX | | _ DAS |
|--|---------------------------|--|---|
| • | | | FILE |
| | | | ·ILE |
| • | | | 2000 4 |
| j. | | • | MARIO |
| | Articles of Ame | endment . | 2009 MAR 10 AM SECRETARY OF STALLAHASSEE, FLORE |
| (((H09000055119 3))) | to | • | ALLAHARY |
| | Articles of Incor | poration | "MYSEE, FIST |
| | of | | LUA |
| | ISM DESIGN, | INC | _ |
| (Name of Corporat | ion as currently filed wi | | of State) |
| | | | |
| | P0500007831 | | |
| , (Do | cument Number of Corpo | ration (if known) | |
| Pursuant to the provisions of secti | ion 607,1006, Florida St | atutes, this Florida | Profit Corporation adopts the |
| following amendment(s) to its Artic | | | |
| | | | |
| A. If amending name, enter the p | ew name of the corpora | Tion: | |
| ISM RESTORATION, INC. | | | |
| The new name must be disting | | | |
| "incorporated" or the abbreviation | n "Corp.," "Inc.," or | Co.," or the designa | tion "Corp," "Inc," or |
| "Co". A professional corpor | | ain the word "che | artered," "professional |
| association," or the abbreviation | F.A. | | |
| B. Enter new principal office add | iress, if applicable: | | |
| (Principal office address MUST B | | () | NA |
| | | | |
| | | | |
| | | | • |
| C. Enter new mailing address, if | applicable: | | |
| (Mailing address MAY BE A P | OST OFFICE BOX | <u>- </u> | |
| | | 4 | J/A |
| | | | , |
| | . , | | |
| | | | |
| D. If amending the registered ag- new registered agent and/or t | ent and/or registered off | ice address in Floris | is, enter the name of the |
| new registered agent and/or t | ne new registered office | address: | |
| Name of New Registered A | gent: | 0/14 | |
| <u></u> | - | | • |
| 17m., 1000 | | W | <u> </u> |
| New Registered Office Addr | <u>'ess</u> : (F | lorida street address) | , · |
| | ب يدن . | | , Florida |
| | - | (City) | (Zip Code) |
| | | | 1-1 |
| New Registered Agent's Signatur | | | y ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |
| I hereby accept the appointment a | as registered agent. I d | am familiar with and | accept the obligations of the |
| position. | | | |
| | | | |
| | Signature of N | lew Registered Agent | , if changing |
| (((H09000055119 3) |)) | | |
| (((220,0000011,0) | // Page 1 of | ·3. | |

(((H09000055119 3)))

| removed s | ng the Officers and/or Directors. and title, name, and address of ea | enter the title and name of each ch Officer and/or Director bein | officer/director being g added: |
|------------------|---|---|--|
| (Attach ad | ditional sheets, (f necessary) | | |
| Title | <u>Name</u> | Address | Type of Action |
| | | | Add Remove |
| | | | |
| | | | Add Remove |
| | 7 | | Add Remove |
| | | | |
| | nding or adding additional Artici additional sheets, if necessary). | | |
| | | | |
| | | | |
| | | | |
| | | N/A | |
| | | • | |
| | | | |
| F. <u>lfan</u> : | mendment provides for an exch | ange, reclassification, or cancella | ntion of issued shares. |
| provis (if | ions for implementing the ameno not applicable, indicate N/A) | iment if not contained in the am | endment itself: |
| | | | |
| | | NA | |
| <u> </u> | | | - |
| | | | |
| | . ((| (H09000055119 3))) | ······································ |

| The date of each amendmen | t(s) adoption: <u>03/09/2009</u> | (((H09000055119-3))) |
|-------------------------------|--|---|
| Effective date if applicable: | | |
| | (no more than 90 days after a | mendment file date) |
| | | 1 |
| Adaption of Amendment(s) | (CHECK ONE) | |
| | ere adopted by the shareholders. ere sufficient for approval. | The number of votes cast for the amendment(s) |
| | | through voting groups. The following statement to vote separately on the amendment(s): |
| "The number of votes | cast for the amendment(s) was/ | were sufficient for approval |
| by | (voting group) | 19 |
| | (voting group) | |
| action was not required. | | vithout shareholder action and shareholder |
| Dated 03/0 | 9/2009 | |
| Signature _ | Umprid Mora | lo _A |
| sel | | fficer - if directors or officers have not been the hands of a receiver, trustee, or other court y) |
| | INGR | ID MORALES |
| | | name of person signing) |
| | | |
| , | | SIDENT/INCORPORATOR |
| | (Title of pe | son signing) |
| | | |
| | | |

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