Po5000128363

| (Req | uestor's Name) | |
|---------------------------|-----------------|-------------|
| (Add | ress) | |
| . (Add | ress) | |
| (City | /State/Zip/Phon | e #) |
| PICK-UP | WAIT | MAIL |
| (Bus | iness Entity Na | me) |
| . (Dog | ument Number | |
| Certified Copies | | |
| Certified Copies | Certificate | s of otatos |
| Special Instructions to F | iling Officer: | |
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Office Use Only



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SECRETARY OF STAR

DOR 6/8/10

COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

| NAME OF COR | PORATION: | TC Wallworks Inc | | |
|--|--|--|---|--|
| DOCUMENT NU | JMBER: | P05000128363 | | |
| The enclosed Artic | cles of Amendment and fee | are submitted for filing. | | |
| Please return all co | orrespondence concerning th | is matter to the following: | | |
| · · | | Lester Laverick | | |
| | ì | Name of Contact Person | | |
| | TC Wallv | vorks Inc d.b.a SDMGroup | | |
| | | Firm/ Company | | |
| 613 SW 1st Ave | | | | |
| | | Address | | |
| | Pompano Beach, Florida. 33060 | | | |
| | C | City/ State and Zip Code | • | |
| | llaveric E-mail address: (to be use | k@sdmgroup.net ed for future annual report notification) | | |
| For further inform | ation concerning this matter, | please call: | | |
| | Lester Laverick | at (954) 3 Area Code & Daytime Te | 3833686 | |
| Name of Contact Person | | Area Code & Daytime Te | lephone Number | |
| Enclosed is a chec | k for the following amount i | nade payable to the Florida Depar | tment of State: | |
| □ \$35 Filing Fee | \$43.75 Filing Fee & Certificate 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 Corporations P.O. Box 6327 | | Street Address Amendment Section Division of Corporations Clifton Building | | |

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

| Arti | icles of Incorporation | on T// r- |
|--|--|--|
| • | of | an 2810 JUN-4 PM 12:58 |
| TC Wallworks Inc (Name of Corporation as currently filed with the Florida Dept. of State) P05000128363 (Document Number of Corporation (if known) | | JUN-4 |
| (Name of Corporation as currently | y filed with the Florid | da Dept. of State A TABLE 58 |
| P05000 | 0128363 | 885 G S 1818 |
| (Document Number | of Corporation (if kno | own) |
| Pursuant to the provisions of section 607.1006, F amendment(s) to its Articles of Incorporation: | lorida Statutes, this F | Florida Profit Corporation adopts the followin |
| A. If amending name, enter the new name of the | corporation: | |
| name must be distinguishable and contain the abbreviation "Corp.," "Inc.," or Co.," or the des name must contain the word "chartered," "profess. | ignation "Corp," "Indication," or | c," or "Co". A professional corporation |
| B. Enter new principal office address, if applical (Principal office address MUST BE A STREET A. | | |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE) | BOX) | |
| D. If amending the registered agent and/or regist new registered agent and/or the new registered | | in Florida, enter the name of the |
| Name of New Registered Agent: | | |
| New Registered Office Address: | (Florida street d | address) |
| | | , Florida |
| | (City) | (Zip Code) |
| New Registered Agent's Signature, if changing R I hereby accept the appointment as registered agent | Registered Agent: t. I am familiar with a | and accept the obligations of the position. |
| Signa | ature of New Registere | ed Agent, if changing |

| | nd title, name, and address of each O litional sheets, if necessary) | fficer and/or Director being added: | |
|--------------|---|---|-----------------------|
| <u>Title</u> | <u>Name</u> | Address | Type of Action |
| Pres , | Dean Johnathan Wilson | 5136.NW.28th Street Margate Florida 33063 | _ ☑ Add _ ☐ Remove |
| CEO | Lester Laverick | 613 S.W. 1st Ave. | Add Remove |
| | | | |
| | ding or adding additional Articles, en dditional sheets, if necessary). (Be sp | | |
| | | | |
| · | | | |
| F. If an a | mendment provides for an exchange, | reclassification, or cancellation of is | ssued shares, |
| | ons for implementing the amendmen not applicable, indicate N/A) | t if not contained in the amendment | <u>itself:</u> |
| Out of 10 | 00 shares Mr Laverick transferre | d 500 shares to Mr Dean Wilson | n. |
| Mr Laveri | ck and Mr Wilson now have equa | al shares in TC Wallworks. | |
| | | | |
| | | | |

If amending the Officers and/or Directors, enter the title and name of each officer/director being

| The date of each amendmen | t(s) adoption: <u>6/3/2010</u> |
|-------------------------------|--|
| Effective date if applicable: | (date of adoption is required) |
| | (no more than 90 days after amendment file date) |
| Adoption of Amendment(s) | (CHECK ONE) |
| | ere adopted by the shareholders. The number of votes cast for the amendment(s) rere sufficient for approval. |
| | ere approved by the shareholders through voting groups. The following statement ed 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) |
| action was not required. | ere adopted by the board of directors without shareholder action and shareholder ere adopted by the incorporators without shareholder action and shareholder |
| action was not required. | Are adopted by the meorpolators without shareholder action and shareholder |
| | 6/3/2010 1/ Maeerca |
| Signature | y a director, president or other officer – if directors or officers have not been |
| | ected, by an incorporator – if in the hands of a receiver, trustee, or other court |
| | pointed fiduciary by that fiduciary) |
| | (Typed or printed name of person signing) |
| | (Typed or printed name of person signing) |
| | 1/RUSIDIENT/C20 |
| | (Title of person signing) |