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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : CORPORATION SERVICE COMPANY

Account Number : 12000000195 Phone : (850)521-1000

Fax Number : (850)558-1515

br the email address for this business entity to be used for future annual report mailings. Enter only one email address please.*

Email Address:

COR AMND/RESTATE/CORRECT OR O/D RESIGN INTOWNUSA PUBLISHING, INC.

| Certificate of Status | 0 |
|-----------------------|----------|
| Certified Copy | 0 |
| Page Count | (c) 4035 |
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850-617-6381 5/27/2011 8:45:03 AM PAGE

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May 27, 2011

FLORIDA DEPARTMENT OF STATE Division of Corporations

CORPORATION SERVICE COMPANY

SUBJECT: INTOWNUSA PUBLISHING, INC.

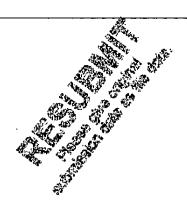
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Diane Cushing FAX Aud. #: H11000140868

Regulatory Specialist II Supervisor Letter Number: 011A00013106





To: DIVISION OF CORPORATIONS

Company:

Fax: 8506176380

Phone:

From: Jeanine Reynolds

Fax:

Phone: (850) 521-0821x2933 E-mail: jreynold@cscinfo.com

NOTES:

COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

| NAME OF CORPO | RATION: | IntownUSA Publishing, I | nc. |
|---|---|--|--|
| DOCUMENT NUM | BER: | P06000019675 | _ |
| The enclosed Article | s of Amendment and fee a | ere submitted for filing. | |
| Please return all corr | espandence concerning thi | is matter to the following: | |
| | | Robin Wolfer | |
| | 7 | fame of Contact Person | |
| ph ilase | y | Firm/ Company | |
| | | 515 SW 1 Ave | |
| • | | Address | agai, agi g Masal Ma. Bas. |
| | | _auderdale, FL_33301 | , |
| | | City/ State and Zip Code | |
| · <u>n.v</u> | rwolfer@ E-mail address: (to be use | tycheholdings.com ad for future annual report notification) | |
| For further informati | on concerning this matter, | please call: | |
| F | obin Wolfer | a(954) 5 | 24-8424 |
| Name of | Contact Person | Area Code & Daytime Tel | ephone Number |
| Enclosed is a check t | for the following amount n | nade payable to the Florida Depart | tment of State: |
| [2] \$35 Filing Fee | S43.75 Filing Fee & Certificate of Status | S43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) |
| Mailing Add Amendment 1 Division of C P.O. Box 632 | Section Corporations | Street Address Amendment Section Division of Corporations Clifton Building | |

2661 Executive Center Circle

Tallahassee, FL 32301

5/007

Fax Server

Articles of Amendment

| •• | 10 | | | | |
|---|--|--|-----------------|--|--|
| , | Articles of Incorporation | n | <i>></i> | | |
| | of , | | | | |
| Interval IC | A Dublishing Inc | 3 | * | | |
| · | IntownUSA Publishing, Inc. | | | | |
| (Name of Corporation as curre | ently filed with the Florida | a Dept. of State) | in the state of | | |
| | 000019675 | | | | |
| (Document Nun | nber of Corporation (if know | ر برا الله الله الله الله الله الله الله ال | | | |
| Pursuant to the provisions of section 607.100 amendment(s) to its Articles of Incorporation: | 6. Florida Statutes, this <i>F1</i> | forida Profit Corporation adopts the follo | Bes O | | |
| A. If amending name, enter the new name of | f the corporation: | | 23 | | |
| Into | wnUSA, Inc. | The new | | | |
| name must be distinguishable and contain abbreviation "Corp.," "Inc.," or Co.," or the name must contain the word "chartered," "pro | the word "corporation," designation "Corp," "Inc | "company," or "incorporated" or the ," or "Co". A professional corporation | | | |
| B. Enter new principal office address, if app (Principal office address MUST BE A STREE | | | | | |
| C. Enter new mailing address, if applicable (Mailing address MAY BE A POST OFFI. D. If amending the registered agent and/or a | <u></u> | n Florida, enter the name of the | | | |
| new registered agent and/or the new regi | stered office address: | | | | |
| Name of New Registered Agent: | | | | | |
| New Registered Office Address: | (Florida street a | address) | | | |
| | | ma bo | | | |
| | (Cinc) | , Florida(Zip Code) | | | |
| | (City) | (Elp Colle) | | | |
| New Registered Agent's Signature, if changi Thereby accept the appointment as registered a | | and accept the obligations of the position. | | | |
| | Signature of New Registered | d Agent, if changing | | | |

| removed a | | rs, enter the fitte and name of each of each of each Officer and/or Director being a | | |
|------------------------------------|---|--|--|--|
| Title | Name | Address | Type of Action | |
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| | | - <u>, </u> | | |

| The date of each amendment(s) adoption: May 25, 2011 |
|--|
| (date of adoption is required) Effective date if applicable: May 25, 2011 |
| (no more than 90 days after amendment file date) |
| |
| Adoption 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 east 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. |
| Dated May 25, 2011 |
| Signature Jery Solikary |
| (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) |
| Jay Alexander |
| (Typed or printed name of person signing) |
| Chairman |
| (Title of person signing) |