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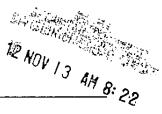
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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

c. 6							
omitted for filing.							
ter to the following:							
Jeffrey Resnick							
Name of Contact Person	1						
Firm/ Company							
10654 Northend							
Address							
20							
City/ State and Zip Code							
ed for future annual report	notification)						
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e call:	1 (4.4)						
248	388-1139						
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Area Co	de & Daytime Telephone Number						
payable to the Florida Depa	artment of State:						
□\$43.75 Filing Fee & Certified Copy : (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)						
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circ							
	Name of Contact Person  Firm/ Company  Address  20  City/ State and Zip Code  ded for future annual report  the call:  at (248  Area Co  payable to the Florida Depayable to the Florida Depayable to the Florida Depayable Certified Copy (Additional copy is enclosed)  Street  Ameno  Divisio Clifton						

## Articles of Amendment to Articles of Incorporation of



Conrest, Inc. (Name of Corporation as currently filed with the Florida Dept. of State) P06000070936 (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: Conrest South, Inc. 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 new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent (Florida street address) New Registered Office Address: Florida

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

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:

 $P \Rightarrow$  President;  $V \Rightarrow$  Vice President;  $T \Rightarrow$  Treasurer;  $S \Rightarrow$  Secretary;  $D \Rightarrow$  Director;  $TR \Rightarrow$  Trustee;  $C \Rightarrow$  Chairman or Clerk;  $CEO \Rightarrow$  Chief Executive Officer;  $CFO \Rightarrow$  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 Doe	
X Remove	$\underline{\mathbf{v}}$	Mike Jones	
<u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change			
Add			
Remove			
2) Change			
Add			
Remove		`	
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
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Remove			
6) Change			
Add			
Remove			

Attach additional sheets, if necessary).	cles, enter change(s) here: (Be specific)	
<del> </del>		
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	*	
If an amendment provides for an exch	nange, reclassification, or cancell ndment if not contained in the ar	ntion of issued shares, nendment itself:
(if not applicable, indicate N/A)		
(if not applicable, indicate N/A)		
(if not applicable, indicate N/A)		
(if not applicable, indicate N/A)		
(if not applicable, indicate N/A)		
(if not applicable, indicate N/A)		
(if not applicable, indicate N/A)		

The date of each amendment(s) adoption	. 11.	171	2012	
•	•	<del>                                     </del>	1-9-	
Effective date if applicable: (no more than 90 days after amendment file date)				
Adoption of Amendment(s)	(CHECK ONE	)		
☐ The amendment(s) was/were adopted by by the shareholders was/were sufficient		s. The	number of votes cast for the amendment(s)	
☐ The amendment(s) was/were approved to must be separately provided for each verification.			ough voting groups. The following statement wote separately on the amendment(s):	
"The number of votes cast for the	amendment(s) w	as/were	e sufficient for approval	
by		·		
	(voting group)			
☐ The amendment(s) was/were adopted by action was not required.	the board of dir	ectors v	without shareholder action and shareholder	
The amendment(s) was/were adopted by action was not required.	the incorporator	rs witho	out shareholder action and shareholder	
Dated 11/7/2012		2	,	
Signature	//			
(Bya-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)				
Jeffrey Resnick				
(Typed or printed name of person signing)				
President				
(Title of person signing)				