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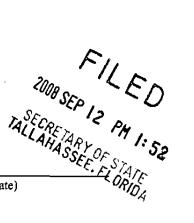
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: _ e-	Surplus Soluti	ons Inc.		
DOCUMENT NUMBER: P07000	028329		· .	
The enclosed Articles of Amendmen	at and fee are si	ibmitted for fili	ng.	
Please return all correspondence con	cerning this m	atter to the follo	wing:	
Lee Temples				
	(Name of Co	ontact Person)		•
e-Surplus Solution	s Inc.			
2886 Magnolia Blos		Company) ্বিভাগ্যাহিত্য ব্যক্তিবিদ্ধানি বিভাগ্যাহিত্য	e. Ges	
		dress)		1.50.0.
Marianna, FL 32446			· •	
<u></u>	(City/ State	and Zip Code)	•	•
For further information concerning t	his matter, plea	ase call:		
Lee Temples		at (<u>850</u>	326-7773)
(Name of Contact Person)		(Area Co	le & Daytime T	elephone Number)
Enclosed is a check for the following	g amount:			
✓ \$35 Filing Fee \$43.75 Filing Certificate of		S43.75 Filing Certified Cop (Additional co enclosed)	у	□ \$52.50 Filing Fee Certificate of Ştatus Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address Amendment S Division of Co Clifton Buildi 2661 Executiv Tallahassee, F	ss ection orporations ng e Center Cir	cle

Articles of Amendment to Articles of Incorporation of



e-Surplus Solutions Inc.

P07000028329

(Name of corporation as currently filed with the Florida Dept. of State)

(Document number of corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amendment(s) to its Articles of Incorporation:
NEW CORPORATE NAME (if changing):
Must contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.") A professional corporation must contain the word "chartered", "professional association," or the abbreviation "P.A.")
AMENDMENTS ADOPTED- (OTHER THAN NAME CHANGE) Indicate Article Number(s) and/or Article Title(s) being amended, added or deleted: (BE SPECIFIC)
Jason Temples - Added as Secretary of e-Surplus Solutions Inc. effective 9/1/2008
· · · · · · · · · · · · · · · · · · ·
Jason Temples
2821 APPALACHEE TRAIL
Marianna, FL 32446
By signing below, I hereby certify I am Familiar with the
By signing below, I hereby certify I am familiar with the obligations of the position. X Je Mercessary)
(Attach additional pages if necessary)
f an amendment provides for exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A
N/A
·
(continued)

•
The date of each amendment(s) adoption: 09/01/2008
Effective date if applicable: 09/01/2008
(no more than 90 days after amendment file date)
Adoption of Amendment(s) (<u>CHECK ONE</u>)
The amendment(s) was/were approved 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)
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.
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)
Lee Temples (Typed or printed name of person signing)
President
(Title of person signing)

FILING FEE: \$35