P07000060995

| (Re | equestor's Name) | |
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| (Cit | ty/State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL |
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| (Bu | isiness Entity Nan | ne) |
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| (Do | cument Number) | |
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| Certified Copies | _ Certificates | of Status |
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| Special Instructions to | Filing Officer: | |
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My Air

COVER LETTER

TO: Amendment Section
Division of Corporations

| NAME OF CORPORATION: _ | My Debt Solution Now, Inc. |
|------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|
| DOCUMENT NUMBER: | P07000060995 |
| The enclosed Articles of Amenda | ent and fee are submitted for filing. |
| Please return all correspondence | oncerning this matter to the following: |
| | Thomas G. Walker |
| | Name of Contact Person |
| | PlanFirst Financial Solutions, Inc. |
| | Firm/ Company |
| | 14100 58th Street N., |
| Address | |
| | Clearwater, FL 33756 |
| | City/ State and Zip Code |
| E-mail ad | twalker@mydebtsolution.com ress: (to be used for future annual report notification) |
| For further information concerning | this matter, please call: |
| Thomas G. Wal | er at (800) 490-3839 x260 |
| Name of Contact Person | Area Code & Daytime Telephone Number |
| Enclosed is a check for the follow | ng amount made payable to the Florida Department of State: |
| ☑ \$35 Filing Fee ☐ \$43.75 Fil Certificate | |
| Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle |

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

| My Debt Solution Now, Inc. (Name of Corporation as currently filed with the Florida Dept. of State) | | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------|--|--|
| (Name of Corporation as currently flied with | the Florida Dept. of State) | | |
| (Document Number of Corporat | ion (if known) | | |
| Pursuant to the provisions of section 607.1006, Florida Statut amendment(s) to its Articles of Incorporation: | tes, this Florida Profit Corporation adopts the following | | |
| A. If amending name, enter the new name of the corporation | on: | | |
| | The new | | |
| name must be distinguishable and contain the word "corp abbreviation "Corp.," "Inc.," or Co.," or the designation "C name must contain the word "chartered," "professional associa | orp," "Inc," or "Co". A professional corporation | | |
| B. Enter new principal office address, if applicable: | 14100 58th Street N., | | |
| (Principal office address <u>MUST BE A STREET ADDRESS</u>) | Clearwater, FL 33756 | | |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | 14100 58th Street N | | |
| | Clearwater, FL 33756 | | |
| D. <u>If amending the registered agent and/or registered office</u> new registered agent and/or the new registered office ad- | address in Florida, enter the name of the dress: | | |
| Name of New Registered Agent: | · · · · · · · · · · · · · · · · · · · | | |
| New Registered Office Address: (Flor | ida street address) | | |
| | , Florida | | |
| (City) | | | |
| New Registered Agent's Signature, if changing Registered A legistered the appointment as registered agent. I am fam. | Agent: iliar 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 | | | | | |
|----------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|--------------------------------------|----------------|--|--|
| | and title, name, and address of each (| <u> Officer and/or Director bein</u> | g added: | | |
| (Attach additional sheets, if necessary) | | | | | |
| <u>Title</u> | <u>Name</u> | Address_ | Type of Action | | |
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| E. If ame | nding or adding additional Articles, o | enter change(s) here: | | | |
| | additional sheets, if necessary). (Be | | | | |
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| | amendment provides for an exchange sions for implementing the amendme | | | | |
| | not applicable, indicate N/A) | nt ii not contained in the an | ienament isen. | | |
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| The date of each amendment | (s) adoption: 1/ 5/2010 |
|------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|
| | (date of adoption is required) |
| Effective date <u>if applicable</u> : | (no more than 90 days after amendment file date) |
| Adoption of Amendment(s) | (CHECK ONE) |
| The amendment(s) was/web by the shareholders was/web | re adopted by the shareholders. The number of votes cast for the amendment(s) are sufficient for approval. |
| The amendment(s) was/wer must be separately provide | re approved by the shareholders through voting groups. The following statement d 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) |
| | (voting group) |
| The amendment(s) was/wer action was not required. | re adopted by the board of directors without shareholder action and shareholder |
| The amendment(s) was/wes action was not required. | re adopted by the incorporators without shareholder action and shareholder |
| Dated_1/ 5 | /2010 |
| Signature | In the |
| (By | a director, president or other officer - if directors or officers have not been |
| | cted, by an incorporator – if in the hands of a receiver, trustee, or other court |
| арр | ointed fiduciary by that fiduciary) |
| | Thomas G. Walker |
| | (Typed or printed name of person signing) |
| | Chief Financial Officer 5/- (Title of person signing) |
| | (Title of person signing) |