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DIVISION OF COST PKATON

TALLABASSE TUNION

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COVER LETTER

TO: Amendment Section

Division of Corporations			
NAME OF CORPORATION: The As	ton Croup Inc		
DOCUMENT NUMBER: PO 79077150	P6740000	77180.	
The enclosed Articles of Amendment and fee are	submitted for filing.		
Please return all correspondence concerning this n	natter to the following:		
Corey Alsto	e of Contact Person		
The Alston	Croup Inc		
110 E. Broward	Blub. Ft. Address		
F+ Louder dale City			
Corpulation and	r future annual report notification)	·	
For further information concerning this matter, ple	ase call:		
Corey AlSton Name of Contact Person	at (154) 740- Area Code & Daytime Tele	ephone Number	
Enclosed is a check for the following amount made	e payable to the Florida Depart	ment of State:	
■ \$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	Street Address		
Amendment Section	Amendment Section		
Division of Corporations	Division of Corporations		
P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle			
1 allallassee, 1 L 52514	2001 Executive Center Circle		

Tallahassee, FL 32301

Articles of Amendment **Articles of Incorporation**

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filed with the Florida Dept. of Stare) (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: 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: New Registered Office Address: (Florida street address) Florida (City) (Zip Code) 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)

<u>Title</u>	Name	Address	Type of Action
Trecourer	Torry Alston Corry Alston	8620 NW 1864. Ft. Eauderdie FL 33	Add Remove
KNEGGUYER	Corey Alston	8620 WW 48st Ft. Lauderdale Fl 333	_ □ Add SS□ Remove
			_
(anden dad	litional sheets, if necessary). (Be spec	ijie)	
provision	endment provides for an exchange, reas for implementing the amendment if applicable, indicate N/A)		

The date of each amendment	(s) adoption:	+0	07-2007	7-24-2007
		adoption is re	equired)	
Effective date if applicable:			,	
	(no more than 90 days afte	er amendment	file date)	
Adoption of Amendment(s)	(CHECK ON	E)		
The amendment(s) was/wer by the shareholders was/we	· -	ers. The num	ber of votes cast for the	amendment(s)
The amendment(s) was/wer must be separately provided				
"The number of votes	cast for the amendment(s) v	vas/were suffi	cient for approval	
by			,,,	•
	(voting group)		-	
action was not required. The amendment(s) was/wer action was not required.	e adopted by the incorporat	tors without sl	nareholder action and sh	areholder
DatedSignature	6-1-10	t officer if	directors or officers have	e not been
sele	cted, by an incorporator – it binted fiduciary by that fidu	f in the hands		
	Cover A (Typed or prin	Ston ted name of p	erson signing)	_
	(Title of person sig	Jent gning)		_