

## Florida Department of State

Division of Corporations Public Access System

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To:

Division of Corporations

: (850)205-0380 Fax Number

From:

: EZ ACCOUNTING & TAX SERVICE, INC. Account Name

Account Number: I19980000019 : (954)785-3855 Phone Fax Number

: (954)785-2564

COR AMND/RESTATE/CORRECT OR O/D RESIGN

YOUR FUNDING NETWORK INC.

| Certificate of Status | 0       |
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Corporate Filing Menu

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8/23/2007

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| Articles of Am                   | endment |  |  |  |
|----------------------------------|---------|--|--|--|
| to                               |         |  |  |  |
| <b>Articles of Incorporation</b> |         |  |  |  |
| of                               |         |  |  |  |
| Fi 0                             | Not     |  |  |  |

| Your   | Funding                  | Network                          | Inc.                 |
|--|--------------------------|----------------------------------|----------------------|
|  |                          | ith the Florida Dept. of Stat    |                      |
| r  | <b>)</b>                 |                                  |                      |
|  | 070000                   | 78670                            |                      |
| •  | ument number of corpo    | ` '                              | AS:                  |
| ursuant to the provisions of section   | 607.1006, Florida S      | Statutes, this <i>Florida Pr</i> | ofit Corporation     |
| Pursuant to the provisions of section dopts the following amendment(s) to the total content (section of the content of the con | o its Articles of Inc    | orporation:                      | <u>-</u> 1           |
| EW CORPORATE NAME (if ch   | anging):                 |                                  | OR.                  |
|  |                          |                                  | DA                   |
| Must contain the word "corporation," "com<br>A professional corporation must contain the   | pany," or "incorporated  | " or the abbreviation "Corp.     | ," "Inc.," or "Co.") |
| •  |                          |                                  |                      |
| MENDMENTS ADOPTED- (OT nd/or Article Title(s) being amended  | d, added or deleted:     | (BE SPECIFIC)                    | .,                   |
| Change of C.   | poration                 | Address -                        | Article II           |
|  | 1) 15                    |                                  |                      |
| New address  | of Corpo                 | ration is:                       | <u>.</u>             |
| New address :<br>8461 Lake<br>Lake worth   | worth ?                  | Rd, Suite                        | 189                  |
| Lake wort  | ? FL                     | 33467                            |                      |
|  |                          |                                  |                      |
|  |                          |                                  |                      |
|  |                          |                                  |                      |
|  |                          |                                  |                      |
|  |                          |                                  |                      |
|  | Attach additional pages  | If necessary)                    |                      |
| (  | Attaich additional pages | it necessary)                    |                      |
| fan amendment provides for exchar<br>or implementing the amendment if i  |                          |                                  |                      |
| to the constant  |                          |                                  | & Litera             |
| . 157/350  |                          |                                  | e atte attet.        |
|  |                          |                                  | <u> </u>             |
|  |                          |                                  |                      |
| HAEL KERLEW CPA  | (continued)              |                                  |                      |

MICHAEL KERLEW CPA EZ ACCOUNTING & TAX SERV 2213 E. ATLANTIC BLVD. POMPANO BEACH, FL 33062

| The date of each amendment                                | (s) adoption:   | 8 23                           | 2007   |                                  |  |
|---|---|--------------------------------|--|----------------------------------|--|
| Effective date if <u>applicable</u> : _                   | (no more than 90 days   | 23 2c                          | nt file date)  |                                  |  |
| Adoption of Amendment(s)                                  | (CHECK O  | NE)                            |  |                                  |  |
| The amendment(s) the amendment(s) b                       | was/were approved<br>y the shareholders                                     | by the shareh<br>was/were suff | olders. The numbe<br>licient for approval  | er of votes cast for .           |  |
| The amendment(s) following statement separately on the an | must be separately  | by the shareh<br>provided for  | iolders through vot<br>each voting group   | ing groups. The entitled to vote |  |
| "The number of  | votes cast for the a  | mendment(s)                    | was/were sufficier   | it for approval by               |  |
| <u> </u>  | (voting group)  |                                |  |                                  |  |
| The amendment(s) and shareholder act                      | was/were adopted b<br>ion was not require                                   | by the board o                 | f directors without  | shareholder action               |  |
| The amendment(s) shareholder action                       | was/were adopted t<br>was not required.                                     | by the incorpo                 | orators without shar   | eholder action and               |  |
| selec   | thector, president of the ted, by aprintoporator inted fiduciary by that is | if in the hands<br>Iduciary)   | directors or officers have of a receiver, trustee, of the Kerlew person signing) | or other court                   |  |
|   | (Typed or p   | rinted hame of p               | person signing)  | <del></del>                      |  |
| (Title of resson signing)                                 |   |                                |  |                                  |  |
|   | (*  | Title of person s              | igning)  |                                  |  |

FILING FEE: \$35

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