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SECRETARY OF STATE
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION	ON: ONE AVE	ENTURA EXECUTIVE	CENTER CORP.
DOCUMENT NUMBER:		P080000373	340
The enclosed Articles of Art	<i>mendment</i> and fee ar	re submitted for filing.	
Please return all correspond	ence concerning this	s matter to the following:	
<u></u>		ROBERT RHAU, JR.	
	No	ame of Contact Person	
		Firm/ Company	
	1000 IS	LAND BLVD., APT 706	
		Address	
		ENTURA, FL 33160 ty/ State and Zip Code	
————————————————————————————————————	ROBERTF	RHAU@AOLCOM Tor future annual report notificati	on)
For further information cond	cerning this matter, p	olease call:	
JM ROBERT	RHAU, JR.	at (305)	812-8141
Name of Contact	Person		e Telephone Number
Enclosed is a check for the f	following amount m	ade payable to the Florida D	epartment of State:
	.75 Filing Fee & tificate of Status		S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section		Street Address Amendment Section	_
Division of Corporations P.O. Box 6327		Division of Corporation Clifton Building	S
Tallahassee, FL 323	14	2661 Executive Center (Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

ONE AVENTURA EXECUTIVE CENTER CORP.

(Name of Corporation as currently filed with the Florida Dept. of State)	
P08000037340	
(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:

SAI	ROBA CORP.	The
name must be distinguishable and contain abbreviation "Corp.," "Inc.," or Co.," or the name must contain the word "chartered," "pro	e designation "Corp," "Inc," or '	'Co''. A professional corpor
B. <u>Enter new principal office address, if app</u> (Principal office address <u>MUST BE A STREE</u>		
C. Enter new mailing address, if applicable (Mailing address MAY BE A POST OFF) D. If amending the registered agent and/or new registered agent and/or the new registered Agent:	registered office address in Flori	SECRETARY OF STATE ALLIAHASSEE, FLORIE da, enter the name of the
New Registered Office Address:	(Florida street address))
	(City)	, Florida (Zip Code)
New Registered Agent's Signature, if changi		ept the obligations of the posi

Page 1 of 3

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>	<u>Name</u>	<u>Address</u>	Type of Action
			_
			Remove
····			
			Remove
	ding or adding additional Article additional sheets, if necessary). (1		
			
	mendment provides for an excha		
<u>provisi</u>	ons for implementing the amend		
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<u>provisi</u>	ons for implementing the amend		

The date of each amendmen	t(s) adoption: <u>U3/10/2011</u>
Effective date <u>if applicable</u> :	(date of adortion is required)
· · · · · · · · · · · · · · · · · · ·	(nò more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
	ere adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.
	ere approved by the shareholders through voting groups. The following statement ed 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/we action was not required.	ere adopted by the board of directors without shareholder action and shareholder
The amendment(s) was/we action was not required.	ere adopted by the incorporators without shareholder action and shareholder
Dated_03/0	09/2011
sele	v a director, president or other officer – if directors or officers have not been ected, by an incorporator – if in the hands of a receiver, trustee, or other court pointed fiduciary by that fiduciary)
	ROBERTA RHAU
	(Typed or printed name of person signing)
	SECRETARY
	(Title of person signing)