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Fax Number : (850)617-6380

From:

: AGENTS AND CORPORATIONS, INC Account Name

Account Number : I20010000112 : (302)575-0875 Phone

Fax Number : (302)575-0925

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HUB MANAGEMENT (USA) INC.

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DATE:JANUARY 27, 2009	NUMBER OF PAGES:(Including Cover Sheet)
FROM: Jeanette LaVecchia	
RE: HUB MANAGEMENT (US) INC.	
RE: RECIPIENT:	FAX NUMBER
State of FL - SYLVIA GILBERT	850-6176380
Original Document(s) wi Attached is are corrected document, plea you and have a good day. If there is a problem receiving this fax, pl 2248.	ase proceed to file AS 1/26/09. Thank
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Articles of Amendment to Articles of Incorporation of

HUB MANAGEMENT (USA) INC.
(Name of Corporation as currently filed with the Florida Dept. of State)
P08000051100 PS
(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:
The new 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)

Title	Name	Address	Type of Action
DPT8	Andrew Byers	8 Finch Rd., Douglas, Isle of Manim1 SPT British Isles	Add Remove
<u>D</u>	Lynsey Elliott	8 Finch Rd., Douglas, Isle of Manim1 SPT British Isles	
DPTS	Gary Dixon	31 Glebe Park, Balderton Newark, Notlinghamshire United Kingdom NG24 3GN	Add Concept Remove
	dditional sheets, (f necessary). (Be		
F. If an ar	nendment provides for an exchange	, reclassification, or cancellation of is	sued shares.
provisio	ons for implementing the amendment of applicable, indicate N/A)	nt if not contained in the amendment	itaelf:
(1) 11	oi appikuoie, maicaie NA)		
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The da	ate of each amendment	a) adoption: <u>JAN, 14, 2009</u>
	ive date <u>if applicable</u> :	(no more than 90 days after amendment file date)
		(no more than 90 days after amenament file date)
Adopt	tion of Amendment(s)	(CHECK ONE)
		e adopted by the shareholders. The number of votes cast for the amendment(s) re sufficient for approval.
		e approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):
	"The number of votes	ast for the amendment(s) was/were sufficient for approval
	by	(voting group)
		(voting group)
	e amendment(s) was/we tion was not required.	e adopted by the board of directors without shareholder action and shareholder
	e amendment(s) was/we tion was not required.	e adopted by the incorporators without shareholder action and shareholder
	Dated	4/01/2009
	Signature	-
	ele	a director, president or other officer – if directors or officers have not been sted, by an incorporator – if in the hands of a receiver, trustee, or other court inted fiduciary by that fiduciary)
		Gary Diras
		(Typed or printed name of person signing)
		PRESIDENT.
		(Title of person signing)