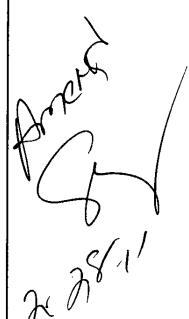
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COVER LETTER

Division of Corporations
NAME OF CORPORATION: ADVANCED BOCA Raton, Inc.
DOCUMENT NUMBER: * SEE ENCLOSED * PO8000059893
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
KARIN GRUBBA Name of Contact Person
ADVanced Boca Raton, Inc.
12763 Hyland Circle
BOCA Raton, FL. 33428 City/ State and Zip Code
GRUBBA @ ADR SOFT. COM E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Contact Person at (248) 202 1267 Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee \$\bigcup \\$43.75 Filing Fee \& \center \Certificate of Status \$\bigcup \\$43.75 Filing Fee \& \certificate of Status \$\bigcup \\$43.75 Filing Fee \& \certificate of Status \$\bigcup \\$643.75 Filing Fee \& \certificate \bigcup \\$643.75 Filing Fee \& \certificate \bigcup \\$643.75 Filing Fee \\ \certificate \
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle

Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE Division of Corporations

February 1, 2011

KARIN GRUBBA ADVANCED BOCA RATON, INC. 12763 HYLAND CIRCLE BOCA RATON, FL 33428

SUBJECT: ADVANCED BOCA RATON, INC.

Ref. Number: P08000059893

We have received your document for ADVANCED BOCA RATON, INC. and check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

We regret that we were unable to contact you by phone. Please return the corrected document with a letter providing us with a telephone number where you can be reached during working hours.

Please list the title(s) of each officer in your document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6908.

Sylvia Gilbert Regulatory Specialist II

Letter Number: 211A00002721

RECEIVED

IT FELS S AN 9:04
SECTIVE OF SECTION S CONTRACTOR OF S CONTR

Articles of Amendment

to

Articles of Incorporation

	of			
ADVANCED B		n. Inc.	Collegering Ca	
(Name of Corporation as curr	,	la Dept. of State)	(A)	
9 08 00	000 59893		્રિક 😘	
	nber of Corporation (if known	own)	Soft of	
· ·	- ,		100 P	
Pursuant to the provisions of section 607.100 amendment(s) to its Articles of Incorporation:	6, Florida Statutes, this F	<i>lorida Profit Corporation</i> adopts th	e following	
A. If amending name, enter the new name o	f the corporation:		~\$	
			new	
name must be distinguishable and contain abbreviation "Corp.," "Inc.," or Co.," or the name must contain the word "chartered," "pro	e designation "Corp," "Inc	c," or "Co". A professional corpor	r the ation	
B. Enter new principal office address, if app	diçable:			
(Principal office address <u>MUST BE A STREE</u>				

C. Enter new mailing address, if applicable	•			
(Mailing address MAY BE A POST OFFI				
 If amending the registered agent and/or in new registered agent and/or the new registered. 		n Florida, enter the name of the		
	or or other participations of the participation of		•	
Name of New Registered Agent:				
New Registered Office Address:	(Florida street d	address)		
	(City)	, Florida (Zip Code)		
		(Zip Couc)		
New Registered Agent's Signature, if changing the hereby accept the appointment as registered as	ng Registered Agent:	and assent the obligations of the nest	tion	
nervoy accept the appointment as registered a	gem. 1 am jamuar wun a	via accept the obligations of the posit	1071.	
	Signature of New Registered	d Agant if changing		
υ	ignimure of them Registered	ingem, ij enanging		

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 Act

dding additions sheets, if necess	al Articles, o	 enter cha	ange(s) here	3 Hylar 1 Raton, 33	F4. 3428 	Add Remove Add Remove Add Remove
dding addition:	al Articles, o	 enter cha	ange(s) here			Remove Add
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The date of each amendment	(s) adoption: //Z////
	(date of adoption is required)
Effective date if applicable:	(no more than 90 days after amendment file date)
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/wer by the shareholders was/we	e adopted by the shareholders. The number of votes cast for the amendment(s) re sufficient for approval.
The amendment(s) was/wer must be separately provided	e approved by the shareholders through voting groups. The following statemend for each voting group entitled to vote separately on the amendment(s):
"The number of votes of	east for the amendment(s) was/were sufficient for approval
by	(voting group)
The amendment(s) was/wer action was not required.	e adopted by the board of directors without shareholder action and shareholder
The amendment(s) was/wer action was not required.	e adopted by the incorporators without shareholder action and shareholder
Dated	1/21/11
selec	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 binted fiduciary by that fiduciary)
	David A. Pietrowski
	(Typed or printed name of person signing)
	Tresident
	(Title of person signing)