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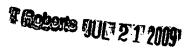


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Amns

SECRETARY OF STATE NS SECRETARY OF CORPORATIONS OF CORPORATIONS



COVER LETTER

TO: Amendment Section Division of Corporations

•		
NAME OF CORPORATION: TOUCH &	Enterprises Inc	
DOCUMENT NUMBER:PO 8 600	084783	<i>.</i>
The enclosed Articles of Amendment and fee	are submitted for filing.	
Please return all correspondence concerning t	his matter to the following:	
lacry hr	Name of Contact Person	
_ Touch En	Firm/ Company	
3300 S. Olian	n Blyd #917 Address	·
Highland Bea	City/State and Zip Code	
E-mail address: (to be u	sed for future annual report notification)	
For further information concerning this matte	r, please call:	
Larry brains/by Name of Contact Person	at (<u>754</u>) <u>367-16</u> Area Code & Daytime Tele	phone Number
Enclosed is a check for the following amount	made payable to the Florida Depart	ment of State:
\$35 Filing Fee \$\bigcup \$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 Amendment Section Division of Corporations P.O. Box 6327 Tallahassec, FL 32314	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	÷

Articles of Amendment to Articles of Incorporation of

			OO HE
TWChe Enterprises	Inc.		09 Jul
(Name of Corporation as current	tly filed with the Florida	Dept. of State)	09 JUL 16 PM 3: 35
·			
	er of Corporation (if know	vn)	
Pursuant to the provisions of section 607.1006, amendment(s) to its Articles of Incorporation:	Florida Statutes, this <i>Florida</i>	orida Profit Corporati	on adopts the following
A. If amending name, enter the new name of the	he corporation;		
			The new
name must be distinguishable and contain the abbreviation "Corp.," "Inc.," or Co.," or the doname must contain the word "chartered," "profes	esignation "Corp," "Inc.	." or "Co". A profess	ional corporation
B. Enter new principal office address, if applic	cable:		
(Principal office address <u>MUST BE A STREET</u>			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	<u> </u>		
D. If amending the registered agent and/or reg new registered agent and/or the new register		Florida, enter the na	me of the
Name of New Registered Agent:			
	(Florida street a	ddwaeel	
New Registered Office Address.	(Florida sireel a	auress)	*** **********************************
		, Florida	1
	(City)	(Zip Code)	
New Registered Agent's Signature, if changing	Registered Agent:		
I hereby accept the appointment as registered age		nd accept the obligation	ns 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>	<u>Name</u>	<u>Address</u>	Type of Action
Thea	Alan Kravitsky	TOGUBRUSCHCICLE	dd Remove
Sec_	Dianetralusey	7644 Brunson Certle Lake worth, FL 33467	Add Remove
			Add Remove
	ing or adding additional Articles, enter Iditional sheets, if necessary). (Be spec		
		ميد ي جي	
<u></u>	, , <u>, , , , , , , , , , , , , , , , , </u>		and the second second
<u>provisio</u>	nendment provides for an exchange, rems for implementing the amendment is of applicable, indicate N/A)	eclassification, or cancellation of iss f not contained in the amendment i	ued shares, tself:
			· · · · · · · · · · · · · · · · · · ·
	<u>.</u>		
<u> </u>			man and the second second
	and the second s		managaman ay ay iyo waya sa
·	and the second s	Page 2 of 3	

The date of each amendment(s) a	doption: JULY 10, 2008
	(date of adoption is required)
Effective date <u>if applicable</u> :	more than 90 days after amendment file date)
(110	more than 90 days after amenament file date)
./ .	
Adoption of Amendment(s)	(<u>CHECK ONE</u>)
the amendment(s) was/were adby the shareholders was/were so	lopted by the shareholders. The number of votes cast for the amendment(s) ufficient for approval.
The amendment(s) was/were ap must be separately provided for	proved by the shareholders through voting groups. The following statement 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	ing group)
(vot	ing group)
action was not required.	lopted by the board of directors without shareholder action and shareholder
Dated	Holog Market
(By a di	rector, president or other officer – if directors or officers have not been
selected	, by an incorporator - if in the hands of a receiver, trustee, or other court
appointe	ed fiduciary by that fiduciary)
	(Typed or printed name of person signing)
_	(Title of person signing)