# 108000088324

| (Re                     | questor's Name)  |             |
|-------------------------|------------------|-------------|
| (Ad                     | dress)           |             |
|                         |                  |             |
| (Ad                     | dress)           |             |
| (Cit                    | y/State/Zip/Phon | e #)        |
| PICK-UP                 | ☐ WAIT           | MAIL        |
| (Bu                     | siness Entity Na | me)         |
|                         |                  | ,           |
| (Do                     | cument Number)   |             |
| Certified Copies        | _ Certificate:   | s of Status |
| Special Instructions to | Filing Officer:  |             |
|                         |                  |             |
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|                         | Office Use Or    | nlv         |



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*□ Robatta 0€1+1/9,2010!* 

#### **COVER LETTER**

**TO:** Amendment Section **Division of Corporations** 

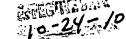
| NAME OF CORPO  | ORATION:                                   | National Recovery Systems   | s, Inc.   |
|--|--|---|---|
| DOCUMENT NUM   | MBER:                                      | P08000088324  |   |
| The enclosed Article   | es of Amendment and fee a                  | are submitted for filing.   |   |
| Please return all cor  | respondence concerning th                  | is matter to the following:   |   |
| _  |  | lphan B. McFadden   |   |
|  | ٨  | Name of Contact Person  | •   |
| _  |  | Firm/ Company   |   |
| _  | 32   | 66 Woodglen Drive   |   |
|  |  | Address   |   |
| _  |  | ge Park, Florida 32065<br>City/ State and Zip Code  |   |
|  | ddolph<br>E-mail address: (to be use       | nan@yahoo.com<br>ed for future annual report notification)  |   |
| For further informat   | ion concerning this matter,                | please call:  |   |
|  | nan B. McFadden of Contact Person          | at ( 904 ) 36  Area Code & Daytime Tele   | 55 8000<br>ephone Number  |
| Enclosed is a check  | for the following amount n                 | nade payable to the Florida Depart  | ment of State:  |
| □\$35 Filing Fee   | \$43.75 Filing Fee & Certificate of Status |   | \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) |
| Mailing Ade<br>Amendment<br>Division of O<br>P.O. Box 63<br>Tallahassee, | Section<br>Corporations<br>27              | Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle | e   |

Tallahassee, FL 32301

#### **Articles of Amendment**

to

### Articles of Incorporation of



|  | overy Systems, Inc.                |                      |                         |
|--|------------------------------------|----------------------|-------------------------|
| (Name of Corporation as curren   | tly filed with the Florida Dept. o | of State)            |                         |
| P080   | 00088324                           |                      |                         |
| (Document Numb   | per of Corporation (if known)      |                      |                         |
| Pursuant to the provisions of section 607.1006, amendment(s) to its Articles of Incorporation:   | Florida Statutes, this Florida Pr  | rofit Corporation ad | opts the following      |
| A. If amending name, enter the new name of   | the corporation:                   |                      |                         |
| The Dk   | (G Group, Inc.                     |                      | The new                 |
| name must be distinguishable and contain the abbreviation "Corp.," "Inc.," or Co.," or the a name must contain the word "chartered," "professional". | designation "Corp," "Inc," or "C   | Co". A professional  | ted" or the corporation |
| B. Enter new principal office address, if appli  |                                    |                      | _                       |
| (Principal office address <u>MUST BE A STREET</u>  | ADDRESS )                          |                      |                         |
|  |                                    |                      |                         |
|  |                                    |                      | <del></del>             |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFIC  | E BOX)                             |                      | <del>-</del>            |
| D. If amending the registered agent and/or renew registered agent and/or the new regist  |                                    | a, enter the name of | the                     |
| Name of New Registered Agent:  |                                    | <del></del>          | . payer                 |
| New Registered Office Address:   | (Florida street address)           | Florida              | 1000                    |
| _  | (City)                             | (Zip Code)           | CO                      |
| New Registered Agent's Signature, if changing I hereby accept the appointment as registered ag   | ent. I am familiar with and accep  |                      | perposition.            |
| Sig  | gnature of New Registered Agent, i | 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>   | Address   | Type of Action        |
|--------------|---|---|-----------------------|
| <u>VP</u>    | Charles Gilley JR   | 943 Brookhollow Court Orange Park, Florida, 32065 | _ ☑ Add<br>_ ☐ Remove |
|              |   |   | _                     |
|              |   |   | _                     |
|              | g or adding additional Articles, enteritional sheets, if necessary). (Be spec                     |   |                       |
|              |   |   |                       |
| provisions   | ndment provides for an exchange, rest for implementing the amendment if applicable, indicate N/A) |   |                       |
|              |   |   |                       |
|              |   |   |                       |
|              |   |   |                       |

| The date of each amendmen                        | t(s) adoption: 14th day of October, 2010  |
|--|---|
| Effective date if applicable:                    | (date of adoption is required)  24th day of October, 2010   |
| <u></u>  | (no 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) tere 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_10/1                                       | 4/2010  |
| Signature  | walpha O, McFachle y a director, president or other officer – if directors or officers have not been  |
| sel  | ected, by an incorporator – if in the hands of a receiver, trustee, or other court pointed fiduciary by that fiduciary)                                   |
|  | Dolphan B. McFadden   |
|  | (Typed or printed name of person signing)   |
|  | Vice President  |
|  | (Title of person signing)   |
|  |   |