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Amend

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	I Commercial Inc.
DOCUMENT NUMBER: POSOC	0089583
The enclosed Articles of Amendment and fee a	are submitted for filing.
Please return all correspondence concerning the	is matter to the following:
Mark Fred	Irckson of Contact Person)
	Commercia (
(Fi	rm/ Company)
11 N. Summer	in Ave., Stelos (Address)
Orlando, FL (City/s	32801
For further information concerning this matter,	
Mark Fredrickson (Name of Contact Person)	at (<u>407</u>) <u>696-321(</u> (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount n	nade payable to the Florida Department of State:
S\$35 Filing Fee \$\times \text{S43.75 Filing Fee & Certificate of Status}\$\text{Certificate of Status}\$	S43.75 Filing Fee & S52.50 Filing Fee Certified Copy (Additional copy is enclosed) S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, 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

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ate)	STORE ARASSEL	CORIO,	<i>y</i>

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MSI Commercial Inc.

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

Po 80000 89583

(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:

incorporated" or the abbreviation "Corp.	and contain the word "corporation," "comp .," "Inc.," or Co.," or the designation "Corp," ame must contain the word "chartered," "pr	"Inc," or
i. Enter new principal office address, if a Principal office address <u>MUST BE A STR</u>		
C. Enter new mailing address, if applical (Mailing address MAY BE A POST OF		
If amending the registered agent and/o new registered agent and/or the new registered.	or registered office address in Florida, enter the registered office address:	name of th
		name of th
new registered agent and/or the new re		name of th
new registered agent and/or the new real Name of New Registered Agent:	(Florida street address)	name of th

If amending removed and	the Officers and/or Directors, enter the dittle, name, and address of each Officers.	<u>e title and name of each officer/di</u> eer and/or Director being added:	rector being
	tional sheets, if necessary)		
Title	<u>Name</u>	Address	Type of Action
<u>fresident</u>	Mark Fredrickson	Il N. Summerlin Ave. Ste 100 Oclando, FL 32801	Add Remove
<u>Director</u>	Ricardo Gvant	11 N. Summer lin Ave., Steles Orlando, Fz 32801	Add Correct Remove
			Add Remove
	endment provides for an exchange, rems ons for implementing the amendment if		
	ot applicable, indicate N/A)		

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The date of each amendment(s) adoption: 01/07/09
Effective date if applicable:
(no more than 90 days after amendment file date)
Adoption of Amendment(s) (CHECK ONE)
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided 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)
(voting group)
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.
Signature (By a director, 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 appointed fiduciary by that fiduciary)
Ticardo Grant (Typed or printed name of person signing)
Director
(Title of person signing)