Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : TRIPP SCOTT, P.A.

Account Number : 075350000065

Phone : (954)525-7500

Fax Number

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COR AMND/RESTATE/CORRECT OR O/D RESIGN

MBM ASSET MANAGEMENT, INC.

| Certificate of Status | 0 |
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| 13/2009 10:57 FAX 9547618556 12 U9 U6:40p LEVINE | TRIPP SCOTT | 9545228308 | ☑ 002/004 □ p.3 □ 07/00501/2011 |
|--|---|-------------------------|---------------------------------------|
| | rticles of Amendment to ticles of Incorporation of | (((1109 | MAR 13 PM |
| MBM ASSE | T MANAGEMENT, | INC. | FS F. C |
| (Name of Corporation as cu) | rrently filed with the Flori | da Dept. of State) | ATE SS |
| P0 | 8000106147 | | |
| (Document No | umber of Corporation (if kn | iown) | |
| Pursuant to the provisions of section 607.16 following amendment(s) to its Articles of Inc. | 006, Florida Statutes, this orporation: | Florida Profit Corpor | ation adopts the |
| A. If amending name, enter the new name | of the corporation: | | |
| MBM CAPITAL MANAGEMENT, INC. The new name must be distinguishable "incorporated" or the abbreviation "Corp., "Co". A professional corporation na association," or the abbreviation "P.A." | ," "Inc.," or Co" or the | e designation "Corp," | "Inc," or |
| B. Enter new principal office address, if ap (Principal office address MUST BE A STRE | EET ADDRESS) | A BAHIA DRIVE | <u> </u> |
| C. Enter new mailing address, if applicable (Mailing address MAY BE A POST OFF | | S PRINCIPAL ADDRES | : S |
| D. If amending the registered agent and/or new registered agent and/or the new registered agent agen | | in Florida, enter the n | ame of the |
| Name of New Registered Agent: | | | |
| New Registered Office Address: | (Florida street | address) | |
| | (City) | , Florik | da p Code) |
| | (Cily) | (Zi) | o coaej |
| New Registered Agent's Signature, if chang I hereby accept the appointment as registere position. | zing Registered Agent: ed agent. I am familiar | with and accept the ob | oligations of the |

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Signature of New Registered Agent, if changing

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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 |
|--------------|---|--|--|
| | | | 🚨 Add |
| | | | Remove |
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| | nending or adding additional Articles, the additional sheets, if necessary). (Be | | |
| (arrac | n daattoral sneets, if necessary). | Apec (ite) | |
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| pro | n amendment provides for an exchang visions for implementing the amendme | e, reclassification, or cancel ent if not contained in the ar | lation of issued shares, nendment itself: |
| | (if not applicable, indicate N/A) | | |
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|--|--|
| The date of each amendmen | t(s) adoption: MARCH 12, 2009 |
| Effective date if applicable: | |
| | (no more than 90 days after amendment file date) |
| Adoption of Amendment(s) | (CHECK ONE) |
| The amendment(s) was/we by the shareholders was/w | ere adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval. |
| The amendment(s) was/we must be separately provide | 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 MARG | CH 12, 2009 |
| | |
| Signature | |
| (By | a director, president or other officer – if directors or officers have not been exted, by an incorporator – if in the hands of a receiver, trustee, or other court ointed fiduciary by that fiduciary) |
| | GREGORY A. LEVINE |
| | (Typed or printed name of person signing) |
| | |

PRESIDENT (Title of person signing)