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From:

Account Name : JACOBS & PETERS, F.A.

Account Number : 119980000094 Fhone : (904)261-3693 Fax Number : (904)261-2866

## COR AMND/RESTATE/CORRECT OR O/D RESIGN

THE SOVERIGN CORP., INC.

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3/26/09

3/24/2009

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March 25, 2009

FLORIDA DEPARTMENT OF STATE Division of Corporations

THE SOVERIGN CORP., INC. C/O RICHARD SCHURIG 4 BECKER FARM RD. ROSELAND, NJ 07068

SUBJECT: THE SOVERIGN CORP., INC.

REF: P09000011040

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

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Teresa Brown Regulatory Specialist II FAX Aud. #: H09000069080 Letter Number: 709A00010129 JACOBS AND ASSOCIATE

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Articles of Amendment to Articles of Incorporation

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<b>=</b>	- '	$VQ_A$

THE SOVERIGN CORP., INC.	
(Name of Corporation as currently filed with the Florida Dept. of State)	
P09000011040	

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

(Document Number of Corporation (if known)

## A. If amending name, enter the new name of the corporation:

The new name must be distinguishable and "incorporated" or the abbreviation "Corp.," "h" "Co". A professional corporation name a association," or the abbreviation "P.A."	nc.," or Co.," or the designation	on "Corp." "Inc." or
B. Enter new principal office address, if applica (Principal office address <u>MUST BE A STREET A</u>	· · · · · · · · · · · · · · · · · · ·	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	<i>BOX</i> )	
D. If amending the registered agent and/or registered agent and/or the new registered		enter the name of the
Name of New Registered Agent:		
New Registered Office Address:	(Florida street address)	
<u> </u>		, Florida
	(City)	(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

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гешоче	<u>d and tj</u>	c Officers and/or Directors, enter the tite, name, and address of each Official sheets, if necessary)	ne title and name of each officer/d cer and/or Director being added:	lirector being
<u>Title</u>	•	<u>Name</u>	Address	Type of Action
<del></del>				_ □ Add _ □ Remove
				_ 📮 Add _ 🕽 Remove
			•••	_ 🚨 Add _ 🚨 Remove
AMEND CURRE	NG AR	or adding additional Articles, cuter and sheets, if necessary). (Be special sheets, if necessary). (Be special sheets, if necessary).  TICLE VII - NAME SPELLED INCORRECT SPELLING OF NAME OF CELLING OF NAME OF CELLING OF NAME OF OFFICER - FA	rectly Deficer - Sahad Wallan (VP/T)	
prov	isions f	Iment provides for an exchange, recording the amendment if opticable, indicate N/A)	lassification, or cancellation of iss not contained in the amendment	sued shares, itself:
*				
•				
			<b></b>	

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The date of each amandment	(s) edoption: March 24, 2009	
Effective date <u>if applicable</u> :	(no more than 90 days after omendment file date)	
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/we by the shareholders was/we	re adopted by the shareholders. The number of votes east for the amendment(s) ore sufficient for approval.	
The amendment(s) was/wes must be separately provide	re approved by the shareholders through voting groups. The following statement of for each voting group entitled to vote separately on the amendment(s):	<b></b>
"The number of votes	cast for the amendment(s) was/were sufficient for approval	W J
by	(voting group)	
	(voting group)	
action was not required.	re adopted by the board of directors without shareholder action and shareholder adopted by the incorporators without shareholder action and shareholder	
Dated_March	24. 2090 / / / / / / / / / / / / / / / / / /	
કર્વણ	a director, president or other officer — If directors or officers have not been used, by an incorporator — if in the hands of a receiver, trustee, or other court intendification by that fiduciary)	
V	Tack Healan (Typed or printed name of person signing)	
	(typed or printed name of person signing)	
	Vice-President	<i>₹</i> * - /
	(Title of person signing)	

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