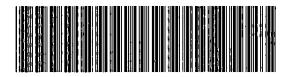
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SECRETARY OF STATE

Amend TBrown

9-29-11

COVER LETTER:

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: NSOURCE SERVICES, INC.
DOCUMENT NUMBER: <u>P090000 75183</u>
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
ROBERT M. CHILDRESS Name of Contact Person
Name of Contact Ferson
NSOURCE, SERVICES, INC. Firm/Company
I min Company
5650 BRECKENRIDGE PARKUMY DR, STE 208
TAMPA, F.: 336/0 City/ State and Zip Code
City/ State and Zip Code
NATHANCE SERVICES.COM E-mail (address) (to be used for future annual report notification)
E-man fluoress (to be used for future annual report notification)
For further information concerning this matter, please call:
ROBERT N. CHILPRESS at (877) 484-400/
Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee Status \$43.75 Filing Fee & S52.50 Filing Fee Certificate of Status \$43.75 Filing Fee & Certificate of Status Certified Copy (Additional Copy is enclosed) Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Street Address Amendment Section Division of Corporations Clifton Building
P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

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TALECPETA	28 PM 1: 16
State) 'S	28 PH 1: 16 SE, FLORIDA

NSOURCE SERVICES, INC.

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

P090000 75183

(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:

me must be distinguishable and conta breviation "Corp.," "Inc.," or Co.," or	in the word "corporation the designation "Corp," '	n," "company," or "incorporated" Inc," or "Co". A professional corpo
me must contain the word "chartered," "	'professional association,"	or the abbreviation "P.A."
Enter new principal office address, if a sincipal office address MUST BE A STR		N/A
Enter your mailing address if applica		
Enter new mailing address, if applica	ible;	A 1 /A
(Mailing address MAY BE A POST OF	FFICE BOX)	<i>N</i> /A
	FFICE BOX	<i>N</i> /A
(Mailing address <u>MAY BE A POST OF</u>		
	or registered office addre	ss in Florida, enter the name of the
(Mailing address MAY BE A POST OF	or registered office addre	
(Mailing address MAY BE A POST OF If amending the registered agent and/ new registered agent and/or the new registered agent	or registered office address: ROBERT N. C	CHILDRESS
(Mailing address MAY BE A POST OF If amending the registered agent and/ new registered agent and/or the new registered agent	or registered office address: ROBERT N. C. 5650 BRECKENI (Florida stre	
(Mailing address MAY BE A POST OF If amending the registered agent and/ new registered agent and/or the new to Name of New Registered Agent:	or registered office address: ROBERT N. C. 5650 BRECKENI (Florida stre	CHILDRESS RIDGE PARKWAY DR, STE 20 et address)
(Mailing address MAY BE A POST OF If amending the registered agent and/ new registered agent and/or the new to Name of New Registered Agent:	or registered office address: ROBERT N. C. 5650 BRECKENI (Florida stre	CHILDRESS
(Mailing address MAY BE A POST OF If amending the registered agent and/ new registered agent and/or the new r Name of New Registered Agent:	or registered office address: ROBERT N. C. 5650 BRECKENI (Florida street) (City)	CHILDRESS RIDGE PARKWAY DR, STE 20 et address)

Page 1 of 3

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 ad	ditional s	heets, if	necessary,
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<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
CFO_	JOHN D. DARSEY III		☐ Add
	<u> </u>		
(attach d	additional sheets, if necessary). (Be spec	ific) N/A	
provis	mendment provides for an exchange, regions for implementing the amendment if not applicable, indicate N/A)		
		<u></u>	

The data of each amendment(s) adoption: 9/16/20//
The date of each amendment(s) adoption,
(date of adoption is required) Effective date if applicable: 9/16/20/
(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 statemen 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.
Dated 9/16/2011
Signature X Path (Compression)
(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)
ROBERT N. CHILDRESS
(Typed or printed name of person signing)
C 00
(Title of person signing)