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(Re	equestor's Name)	
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SECRETARY OF STATE TALLAHASSEE, FLORID

Amend 10/04/04

## COVER LETTER

TO: Amendment Section Division of Corporations
NAME OF CORPORATION: Wordsmith Services Inc
DOCUMENT NUMBER: P0900087793
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Christine Andreasen Name of Contact Person
Wordsmith Services Inc
4613 N University Drive # 257
Coral Springs FL 33067  City/ State and Zip Code
Wordsmith 555 Danail, com E-mail address: (to be used for future sumual report notification)
For further information concerning this matter, please call:
Christine Andreasen at (954) 242-334 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 Certificate of Status Certificate of Status (Additional copy is enclosed)  \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301

## **Articles of Amendment**

to

Articles	of	Incor	poration
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At theirs of theorp	JOI ALION
$\mathbf{of}$	
Wordsmith Sen	VICES NC
(Name of Corporation as currently filed with the	Florida Dept. of State)
109000°	8 <u>1193</u>
(Document Number of Corporation	(if known)
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suant to the provisions of section 607.1006, Florida Statutes, endment(s) to its Articles of Incorporation:	this Florida Profit Corporation adopts the fo
enument(s) to its Articles of Meorporation.	
If amending name, enter the new name of the corporation:	·
	The second
ne must be distinguishable and contain the word "corpora	The ne
previation "Corp.,". "Inc.," or Co.," or the designation "Corp ne must contain the word "chartered," "professional associatio	
Enter new principal office address, if applicable:	
incipal office address <u>MUST BE A STREET ADDRESS</u> )	
· <del>-</del>	
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Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	·
(Mutting utturess MAT BE A FOST OFFICE BOX)	
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If i = the mediate and growt and/on magistaned office ad	Idness in Flouids, ontouthe name of the
If amending the registered agent and/or registered office ad new registered agent and/or the new registered office addre	
Name of New Registered Agent:	<u> </u>
New Registered Office Address: (Florida	street address)
(C:4.)	, Florida (Zip Code)
(City)	(Zip Code)
w Registered Agent's Signature, if changing Registered Agei	nt:
ereby accept the appointment as registered agent. I am familia	

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)

	Name		Address	Type of Ac
rector	Christine	Andrease	9 46/3 N Univers	FL 33065
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(a <i>ttach add</i>	litional sheets, if necess	sary). (Be spec	ific) 	
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			classification, or cancellati	
provision	is for implementing th	<u>ie amendment if</u>	classification, or cancellati not contained in the amen	
provision		<u>ie amendment if</u>		
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provision	is for implementing th	<u>ie amendment if</u>		
provision	is for implementing the applicable, indicate N	<u>ie amendment if</u>		
provision	is for implementing the applicable, indicate N	ie amendment if		

The date of each amendmen	12/17/09
•	(date of adoption is required)
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 east for the amendment(s) ere sufficient for approval.
	re approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):
"The number of votes	east for the amendment(s) was/were sufficient for approval
by	(voting group)
action was not required.  The amendment(s) was/we action was not required.	re adopted by the incorporators without shareholder action and shareholder
	12/17/09 Christine Androssen
Signature	Christine andreasen
(By	r a director, president or other officer – if directors or officers have not been ceted, by an incorporator – if in the hands of a receiver, trustee, or other court cointed fiduciary by that fiduciary)
	Christina Andreasen (Typed or printed name of person signing)
	Director
,	(Title of person signing)