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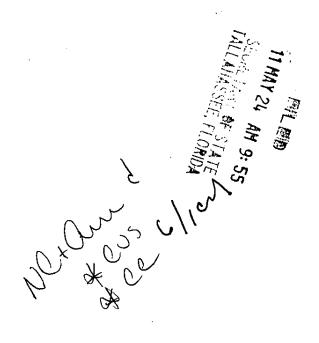
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COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPO	RATION:	Advanced Military Solution	ns, Inc.
DOCUMENT NUMI	NUMBER: P09000096245		
The enclosed Articles	of Amendment and fee	e are submitted for filing.	
Please return all corre	spondence concerning	this matter to the following:	
		Jack Savage	
		Name of Contact Person	
		USGC, Inc. Firm/ Company	
		. ,	
	16901 N	Melford Boulevard, Suite 101 Address	
<u></u>		Bowie, MD 20715	
		City/ State and Zip Code	
	jack.sa E-mail address: (to be u	vage@usgcinc.com sed for future annual report notification)	
For further information	n concerning this matte	er, please call:	
Jack Savage		at (772) 2	237-1267
	Contact Person	Area Code & Daytime Te	
Enclosed is a check to	r the following amount	made payable to the Florida Depar	rtment of State:
☑ \$35 Filing Fee	☐ \$43.75 Filing Fee & Certificate of Status	☐ \$43.75 Filing Fee & 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	

2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

Advanced Military Soluti	ons, Inc.	
(Name of Corporation as currently filed with	the Florida Dept. of State)	
P09000096245	,	
(Document Number of Corporat	tion (if known)	
Pursuant to the provisions of section 607.1006, Florida Statu amendment(s) to its Articles of Incorporation:	tes, this <i>Florida Profit Corpo</i>	oration adopts the following
A. If amending name, enter the new name of the corporation	on:	
Advanced Government Soli	utions, Inc.	The new
name must be distinguishable and contain the word "corpabbreviation "Corp.," "Inc.," or Co.," or the designation "Coname must contain the word "chartered," "professional associ	Corp," "Inc," or "Co". A pre	'incorporated" or the offessional corporation
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	16901 Melford Bouleva	ird.
	Suite 101	— M 7 7
	Bowie, MD 20715	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	16901 Melford Boulevar	.0 . 0.
	Suite 101 Bowie, MD 20715	
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office ad		e name of the
Name of New Registered Agent:		
·		
New Registered Office Address: (Flori	ida street address)	•
		orida
(City)	(Zip Cod	le)
New Registered Agent's Signature, if changing Registered A hereby accept the appointment as registered agent. I am family	iliar with and accept the oblig	
Signature of Nov	Registered Agent if changing	

The date of each amendmen	t(s) adoption: May 23, 2011
Effective date <u>if applicable</u> :	May 23, 2011 (date of adoption is required)
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(<u>CHECK ONE</u>)
	ere adopted by the shareholders. The number of votes cast for the amendment(s) tere sufficient for approval.
	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)
action was not required.	ere adopted by the board of directors without shareholder action and shareholder ere adopted by the incorporators without shareholder action and shareholder
Dated May Signature (By sele	v a director, president or other officer – if directors or officers have not been ected, by an incorporator – if in the hands of a receiver, trustee, or other court pointed fiduciary by that fiduciary)
	Maury Jack Savage, Jr.
	(Typed or printed name of person signing)
	President
	(Title of person signing)