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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : EMPIRE CORPORATE KIT COMPANY

Account Number: 072450003255

Phone

: (305)634-3694

Fax Number

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**Enter the email address for this business entity to be used for future? annual report mailings. Enter only one email address please. **

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COR AMND/RESTATE/CORRECT OR O/D RESIGN SOS FLORIDA PROPERTIES INC

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MAY 252010

5/24/2010

May 25, 2010

FI.ORIDA DEPARTMENT OF STATE
Division of Corporations

SOS FLORIDA PROPERTIES INC 2136 NE 123RD ST NORTH MIAMI, FL 33181

SUBJECT: SOS FLORIDA PROPERTIES INC

REF: P10000036411

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.

The current name of the entity is as referenced above. Please correct your document accordingly.

The date of adoption of each amendment must be included in the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6906.

Darlene Connell Regulatory Specialist II FAX Aud. #: H10000123232 Letter Number: 610A00013143

RECEIVES

BIGHAY 25 AN 8: 00
SECRETARY OF STATE

P.O BOX 6327 - Tallahassec, Flonda 32314

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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORP	ORATION:SC	DS FLORIDA PROPERTIES INC
DOCUMENT NU	MBER:	P10000036411
The enclosed Artic	les of Ameadment and fee a	re submitted for filing.
Please return all co	rrespondence concerning thi	s matter to the following:
	The second lives and the second lives are the second lives and the second lives are the secon	KIM MARKS CPA
	N	with ot Cottiens tarout
	KII	MARKS CPA PA
		Firm/ Company
	2136	NE 123RD STREET
		Address
		TH MIAMI, FL 33181
	Ċ	ity/ State and Zip Code
	Watch: E-mail address: (to be use	arema@aol.com d tor lubre annual report notification)
For further informa	ation concerning this matter,	please call:
	Margaret	at (305)895-5815
Name	of Contact Person	Area Code & Daytims Telephone Number
Enclosed is a obec	k for the following amount n	nade payable to the Florida Department of State:
☑ \$35 Filing Fee	☐ \$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & S52.50 Filing Fee Certificate of Status (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed)
	nt Section f Corporations	Street Address Amendment Section Division of Corporations
P.O. Box 6 Tallahasse	e, FL 32314	Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

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Articles of Amendment to Articles of Incorporation of

SOS FLORIDA PROPERTIES INC (Name of Corporation as currently filed with the Florida Dept. of State) P10000038411 (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Placida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable; (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Muiling address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Floridg, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent:

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

New Registered Office Address:

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

(City)

Signature of New Registered Agent, If changing

(Florida street address)

Florida

(Zip Code)

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EMPIRE CORP KIT

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 additio nai sheets, if necessary) Title <u>Name</u> Address Type of Action P KIM MARKS 2136 NF 123RD ST □ Add NORTH MIAMI, FL 83181 Remove STEPHEN SOKOLOW ☑ Add 2136 NE 123RD ST NORTH MIAML PL 33181 ☐ Remove ☐ Add □ Remove E. Hamending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific) F. If an amendment provides for an exchange, reclassification, or cancellation of issued chares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)

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#1000012323Z
The date of each amendment(s) adoption:
(date of bidoption 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/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 statement 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
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_MAY 24, 2010
Signature
(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)
KIM MARKS
(Typed or printed name of person signing)
INCORPORATOR
(Title of person signing)

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