Division of Corporations Electronic Filing Cover Sheet

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(((H10000176379 3)))



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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : CSH SERVICES, LLC

Account Number: 120070000160
Phone: (800)494-3124
Fax Number: (561)455-9885

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

| Email | Address: | | | |
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| | | | | |

COR AMND/RESTATE/CORRECT OR O/D RESIGN PNG ENTERPRISES INC.

Certificate of Status0Certified Copy0Page Count03Estimated Charge\$35.00

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RECEIVER

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Electronic Filing Menu

Corporate Filing Menu

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Articles of Amendment

to

Articles of Incorporation of

4-1000017163793

| | 01 | | |
|---|----------------------------|-------------------------------|------------------------------------|
| PNG ENT | ERPRISES INC. | | |
| (Name of Corporation as curre | ently filed with the Flor | ida Dept. of State) | |
| P10 | 000041418 | | |
| (Document Num | iber of Corporation (if ki | nown) | |
| Pursuant to the provisions of section 607.1000 amendment(s) to its Articles of Incorporation: | 5, Florida Statutes, this | Florida Profit Corporation a | dopts the following |
| A. If amending name, enter the new name of | the corporation: | | |
| name must be distinguishable and contain abbreviation "Corp.," "Inc.," or Co.," or the name must contain the word "chartered," "pro | designation "Corp." "I | nc," or "Co". A professiona | The new ated" or the l corporation |
| , , | • | r the abbreviation F.A. | |
| B. Enter new principal office address, if app (Principal office address MUST BE A STREE | licable: T ADDRESS) | | |
| () - meg | ······ | | |
| | | | |
| C. Enter new malling address, if applicable: (Mailing address MAY BE A POST OFFICE) | | | |
| D. If amending the registered agent and/or r new registered agent and/or the new regis | | in Florida, enter the name o | <u>f the</u> |
| Name of New Registered Agent: | | | |
| | | | |
| New Registered Office Address: | (Florida stree | t address) | |
| | | , Florida | |
| | (City) | (Zip Code) | |
| New Registered Agent's Signature, if changing | | | |
| I hereby accept the appointment as registered a | gent. I am familiar with | and accept the obligations of | the position. |
| S | ignature of New Register | ed Agent, if changing | 10 AUG SECRET |

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4.10000176379.3

| If amending | g the Officers and/or Directors, en | ter the title and name of each officer/ Officer und/or Director being added: | • |
|--------------|-------------------------------------|--|-----------------|
| (Attach add | itional sheets, if necessary) | 4. | 10000 176579. = |
| <u>Title</u> | <u>Name</u> | Address | Type of Action |
| <u>VP</u> | GEETA D SETH | 14310 LE CHALE DRIVE ORLANDO FL 32837 | |
| <u></u> | • | | |
| | | | |
| | | | |
| | | | |
| provisio | | ge, reclassification, or cancellation of i ent if not contained in the amendmen | |
| | | | |
| | | | |
| | | | |
| | | | |

| The date of each amendment(s) adopti | on: July 30, 2010 | | 1/.10000174379-3 |
|---|--|--------------------------|--|
| | (date of adoption is | required) | { |
| Effective date if applicable: | than 90 days after amendme | unt file data) | |
| (no more | i inan 90 aays ajier amename | ini file dalej , | |
| Adoption of Amendment(s) | (CHECK ONE) | | |
| The amendment(s) was/were adopted by the shareholders was/were sufficient | • | imber of votes east for | r the amendment(s) |
| The amendment(s) was/were approve must be separately provided for each | | | |
| "The number of votes cast for th | e amendment(s) was/were su | fficient for approval | |
| by | | >1 | |
| (voting g | roup) | | |
| The amendment(s) was/were adopted action was not required. | by the board of directors wit | thout shareholder action | on and shareholder |
| The amendment(s) was/were adopted action was not required. | by the incorporators without | t shareholder action ar | nd shareholder |
| Dated July 30, 20 | 10 | | |
| Signature | e o | | |
| selected, by a | r, president or other officer - n incorporator - if in the han uciary by that fiduciary) | | |
| | Rohit Set | th | |
| | (Typed or printed name of | f person signing) | |
| | Presider | nt | |
| | Title of person signing) | | ······································ |