No. 4110 PP. 1/4f1 Jul. 29. 201 🖺 1:22 PMbns Saxon Gilmore Florida **Department of State** Division of Corporation. Electronic Filing Cover Sho (shown below) on thenop and bottom of all pages of the document. (((H11000192443 3))) Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet. To: Division of Corporations Fax Number : (850)617-6380 From: Account Name : SAXON,GILMORE,CARRAWAY,GIBBONS,LASH & WILCOX, P.A.
Account Number : I20030000134
Phone : (813)314-4500 Phone : (813)314-4500 : (813)314-4555 Fax Number **Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. ** Email Address:_ COR AMND/RESTATE/CORRECT OR O/D RESIGN THE NAKED TRUTH, INC. Certificate of Status Certified Copy 1 03 Page Count \$43.75 Estimated Charge

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Articles of An to Articles of Inco	(((H11000192443 3)))
The Naked Truth, I	nc
(Name of Corporation as currently filed with	the Florida Dept. of State)
P10000075259	
(Document Number of Corporati	ion (if known)
Pursuant to the provisions of section 607.1006, Plorida Statut amendment(s) to its Articles of Incorporation:	tes, this Florida Profit Corporation adopts the following
A. If amending name, enter the new name of the corporatio	n:
name must be distinguishable and contain the word "corpabbreviation "Corp.," "Inc.," or Co.," or the designation "Coname must contain the word "chartered," "professional associated and the contain the word "chartered," "professional associated and the contain the word "chartered," "professional associated and the contains the co	orp," "Inc," or "Co". A professional corporation
B. Enter new principal office address, if applicable; (Principal office address MUST BE A STREET ADDRESS)	201 E. Kennedy Boulevard Suite 600
C. Enter new mailing address, if applicables (Mailing address MAY BE A POST OFFICE BOX)	Z01 E. Kennedy Boulevard Suite 600 Tampa, FL 33602
	address in Fiorida, enter the name of the dress:
Tampa (City) New Registered Agent's Signature, if changing Registered A I hereby accept the appointment as registered agent. I am family Signature of New	Resilts ()

Page 1 of 3

Ading or adding additional Articles, enter change additional sheets, if necessary). (Be specific) amondment provides for an exchange, reclassifications for implementing the amendment if not contapplicable, indicate N/A)	
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not applicable, indicate N/A)	ained in the amendment itself:

	(((H11000192443 3)
The date of each amendment(8) ad	loption: <u>+-25-2011</u>
Effective date if applicable:	(date of adoption is required)
(no)	ナークゴー らつリ more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK QNE)
The amendment(s) was/were add by the shareholders was/were suf	opted by the shareholders. The number of votes cast for the amendment(s) fficient for approval.
	proved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):
"The number of votes cast fo	or the amondment(s) was/were sufficient for approval
by	ng group)
action was not required.	opted by the board of directors without shareholder action and shareholder opted by the incorporators without shareholder action and shareholder
Dated 7-	25-2011
selected,	Sector, president or other officer – if directors or officers have not been by an incorporator – if in the hands of a receiver, trustee, or other court if fiduciary by that fiduciary)
	(Typed or printed name of person signing)
	(Title of person signing)