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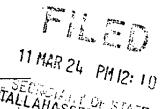
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORA	ATION: H	& N CORAL TRANSHIPPERS, INC.
DOCUMENT NUMBE	ER:	P10000083511
The enclosed Articles of	f Amendment and fee	are submitted for filing.
Please return all corresp	ondence concerning t	his matter to the following:
	HA	ROLD HIRSCHENSON
_ 		Name of Contact Person
	HUT	CH PROMOTIONS, INC.
		Firm/ Company
	233	B UNIVERSITY DRIVE
		Address
	PEME	BROKE PINES, FL 33024
		City/ State and Zip Code
	imber@ir E-mail address: (to be u	nberandcompany.com sed for future annual report notification)
For further information	concerning this matte	r, please call:
	IIRSCHENSON	at (<u>786</u>) <u>525-8167</u>
Name of Co		Area Code & Daytime Telephone Number
Enclosed is a check for the	the following amount	made payable to the Florida Department of State:
☑ \$35 Filing Fee	\$43.75 Filing Fee & Certificate of Status	□ \$43.75 Filing Fee & □ \$52.50 Filing Fee Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed)
Mailing Addres Amendment Sec Division of Corp P.O. Box 6327 Tallahassee, FL	tion orations	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment Articles of Incorporation of



H & N CORAL TRANSHIPPERS, INC.

(Name of Corporation as currently filed with the Florida Dept. of State) P10000083511

(Document Number of Corporation (if known)

Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following

	ROMOTIONS, INC.	The new
name must be distinguishable and contain the abbreviation "Corp.," "Inc.," or Co.," or the contain the word "chartered," "professional".	designation "Corp," "Inc,".	or "Co". A professional corporation
B. Enter new principal office address, if appli (Principal office address <u>MUST BE A STREET</u>		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFIC	<u></u>	
D. If amending the registered agent and/or renew registered agent and/or the new registered.		lorida, enter the name of the
Name of New Registered Agent:		·
New Registered Office Address:	(Florida street addi	ress)
-	(City)	, Florida (Zip Code)
New Registered Agent's Signature, if changing I hereby accept the appointment as registered ag	g Registered Agent:	•
	gnature of New Registered A	agut if ahangina

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)

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			_
		· · · · · · · · · · · · · · · · · · ·	
	ditional sheets, if necessary). (Be spo		
provisio	nendment provides for an exchange, rans for implementing the amendment of applicable, indicate N/A)		
			<u></u>

The date of each amendmen	it(s) adoption: MARCH 1, 2011
Effective date <u>if applicable</u> :	MARCH 1, 2011 (date of adoption is required)
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
	ere adopted by the shareholders. The number of votes cast for the amendment(s) vere sufficient for approval.
	ere approved by the shareholders through voting groups. The following statemen led 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)
The amendment(s) was/wa action was not required.	ere adopted by the board of directors without shareholder action and shareholder
The amendment(s) was/we action was not required.	ere adopted by the incorporators without shareholder action and shareholder
Dated	3/21/11
sel	y 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)
	HAROLD HIRSCHENSON
	(Typed or printed name of person signing)
	DIRECTOR
	(Title of person signing)