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To:

Division of Corporations

Fax Number : (850)617-6380

Erom:

Account Name : EMPIRE CORPORATE KIT COMPANY

Account Number: 072450003255 : (305)634-3694 Phone Fax Number ; (305)633~9696

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COR AMND/RESTATE/CORRECT OR O/D RESIGN FORENZA INC

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12/8/2011

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Articles of Amendment to Articles of Incorporation of

| FORENZA INC | |
|--|---|
| (Name of Corporation as currently filed with the Florida Dopt. of State) | |
| P10000090444 | • |
| (Document Number of Comporation (if known) | |

Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

| The new name must be distinguishable as "incorporated" or the abbreviation "Corp.," "Co". A professional corporation name association," or the abbreviation "P.A." | "Inc.," or Co.," o. | r the des | ignation " | Corp. " "Ine," | or or or ial | |
|--|--|------------|-------------|-------------------------------|-----------------------|--------------|
| B. Enter new principal office address, if app (Principal office address MUST BE A STREE | | | | | <u> </u> | |
| C. Enter new mailing address, if applicable (Mailing address MAY BE A POST OFFI | | | | | 11 pec - | DIVISION OF |
| D. If amending the registered agent and/or and/or the new registered agent and/or the new registered Agent: VITO | registered office add stered office addres M SANTARSIERI | tress in F | florida, en | ter the name of | 8 AM 10: 02 | CORPORATIONS |
| | 2742 SW 8TH S | STREET | #201 | | | |
| New Registered Office Address: | (Florida s | | | | | |
| | MIAMI | _ | | , Florida_ <mark>331</mark> : | 35 . | |
| | (0 | Cipy) | * . | (Zip C | ode) | |
| New Registered Agent's Signature, if changing thereby accept the appointment as registered position. | | iliar with | is and acce | pt the obligation | ons of th | ie |
| | Page 1 of 4 | | HII | .000Z8 | 850 | 74 |

If AMENDING the Officers and/or Directors, please list all officers/directors of the corporation as you now want the record to be. Please indicate the title(s), name and address for each officers/director.

(Our database can index up to 6 officers/directors. If you have more than 6 officers/directors, please list them on an additional sheet.) Title(s) Address Name 1)____ if REMOVING an officer and/or director, please list the title(s) and name of the officer/director to be removed: Title(s) <u>Name</u> Title(s) Name 2}____ 3)____

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| . If amending or adding additional Arti (attach additional sheets, if necessary). | (Be specific) |
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| The date of each amonday. | 12-01-2011 |
|---|---|
| The date of each amendine | (date of adoption - required) |
| Effective date if applicable | |
| • | (no more than 90 days after amendment file date) |
| Adoption of Amendment(s | (CHECK ONE) |
| The amendment(s) was/aby the shareholders was/ | were adopted by the shareholders. The number of votes cast for the amendment(s) were sufficient for approval. |
| | were approved by the shareholders through voting groups. The following statement idea for each voting group entitled to vote separately on the amendment(s): |
| "The number of vot | es east for the amendment(s) was/were sufficient for approval |
| ру | |
| | (voting group) |
| The amendment(s) was/v action was not required. | were adopted by the board of directors without shareholder action and shareholder |
| The amendment(s) was/v | were adopted by the incorporators without shareholder action and shareholder |
| | 12-01-20Th |
| 3 | 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) |
| | VITO M SANTARSIERI |
| | (Typed or printed name of person signing) |
| | PRESIDENT |
| | (Title of person signing) |

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