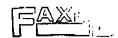
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February 3, 2011

FLORIDA DEPARTMENT OF STATE
Division of Corporations

KDS TECHNOLOGIES, INC. 902 PALM BEACH TRACE DR ROYAL PALM BEACH, FL 33411US

SUBJECT: KDS TECHNOLOGIES, INC.

REF: P11000007136

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

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

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Teresa Brown Regulatory Specialist II FAX Aud. #: H11000024118 Letter Number: 911A00002955



P.O BOX 6327 - Tallahassee, Florida 32314

statement o	the provisions of sections 60 f change is submitted for a co order to change its registered	orporation organized	d under the laws of the St	are of FLORIDA
I. The name	e of the corporation: KDS	TECHNOLOG	SIES,INC.	
2. The princ	cipal office address: 902 P	'alm Beach Trac	e Dr., Royal Palm B	Beach, FL 33411
3. The mail	ing address (if different):			
4. Date of it	ncorporation/qualification:	01/21/2011	Document number:	P11000007136
5. The name Florida D	e and street address of the cur epartment of State: (If resign	rent registered agent led, enter resigned)	t and registered office on	file with the
	Kris Harnarinesing	<u>h</u>		
	902 Palm Beach T	race Dr		
	Royal Palm Beach	Palm Beach, fl	33411	
6. The name			f changed) and /or registe	SEORE TAR
	902 Palm Beach T	race Dr		—— SS
	Royal Palm Beach	, FL 33411 P.O. Box NOT acc		
				1000 C C C C C C C C C C C C C C C C C C
The street a	ddress of its registered offic will be identical.	e and the street add	lress of the business offi	ce of its registered agent,
Such chang authorized	e was authorized by resoluti by the board, or the corporat	ion duly adopted by tion has been notific	its board of directors or ed in writing of the chan	r by an officer so age.
Si	Signature of an officer of unrector		Michael Jagoda	
I hereby acc	cept the appointment as regi ree to comply with the provi s, and I am familiar with and being filed merely to reflec whas been notified in writing	isions of all statutes d accept the obligat it a change in the re	gree to act in this capac i relative to the proper a ion of my position as rej gistered office address,	ity. Ind complete performance gistered ugent. Or, if this Thereby confirm that the
I fürther ag of my duties document is				
I fürther ag of my duties document is	Signature of Rocintered Asent		1/28/ Date	/11

* * * FILING FEE: \$35.00 * * *

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (8/05)