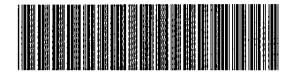
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| (Requestor's Name) |
|---|
| (Address) |
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| PICK-UP WAIT MAIL |
| (Business Entity Name) |
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| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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Office Use Only



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Amend

1Brown 11-29-11

COVER LETTER

TO: Amendment Section Division of Corporations

| NAME OF CORPORATION: AGS Professional Services Incorporated |
|---|
| DOCUMENT NUMBER: |
| The enclosed Articles of Amendment and fee are submitted for filing. |
| Please return all correspondence concerning this matter to the following: |
| Amee Patterson Name of Contact Person |
| PGS Professional Services Inc / PBH: Junelyne Pressur |
| 201 Randaph Ct Address |
| Lake Worth, A 33461 City/ State and Zip Code |
| E-mail address: (to be used for future annual report notification) |
| For further information concerning this matter, please call: |
| Amee Potte 30 at (56) 628-6274 Name of Contact Person Area Code & Daytime Telepione Number |
| Enclosed is a check for the following amount made payable to the Florida Department of State: |
| \$35 Filing Fee U\$43.75 Filing Fee & U\$52.50 Filing Fee Certified Copy (Additional copy is enclosed) \$43.75 Filing Fee & U\$52.50 Filing Fee Certified Copy (Additional Copy is enclosed) |
| Mailing Address Street Address |

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment

| Articles of Amend to Articles of Incorporation of AGS Profession of Services Management (Name of Corporation as currently filed with the I (Document Number of Corporation (Document Number of Corporation (Document Number of Corporation) (Document Number of Corporat | Florida Dept. of State) if known) this Florida Profit Control oration," "company," of | |
|--|--|---------------------------|
| (Name of Corporation as currently filed with the I (Document Number of Corporation (rursuant to the provisions of section 607.1006, Florida Statutes, mendment(s) to its Articles of Incorporation: If amending name, enter the new name of the corporation: The new name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp., | Florida Dept. of State) if known) this Florida Profit Con | rporation adopts the foll |
| (Name of Corporation as currently filed with the I (Document Number of Corporation (arsuant to the provisions of section 607.1006, Florida Statutes, mendment(s) to its Articles of Incorporation: If amending name, enter the new name of the corporation: The new name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp., | if known) this Florida Profit Con oration," "company," o | rporation adopts the foll |
| (Document Number of Corporation (arsuant to the provisions of section 607.1006, Florida Statutes, mendment(s) to its Articles of Incorporation: If amending name, enter the new name of the corporation: The new name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp., | if known) this Florida Profit Con oration," "company," o | rporation adopts the foll |
| resuant to the provisions of section 607.1006, Florida Statutes, mendment(s) to its Articles of Incorporation: If amending name, enter the new name of the corporation: the new name must be distinguishable and contain the word "corporation between the corporation of the corporation of the designation of the designa | this Florida Profit Con | rporation adopts the foll |
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| If amending name, enter the new name of the corporation: The new name must be distinguishable and contain the word "corporation "Corporation" or Co., " or the designation "Corp.," | oration," "company," o | |
| ne new name must be distinguishable and contain the word "corpo obreviation "Corp.," "Inc.," or Co.," or the designation "Corp, | | or "incorporated" or the |
| bbreviation "Corp.," "Inc.," or Co.," or the designation "Corp, | | or "incorporated" or the |
| ame must contain the word "chartered," "professional association | | professional corporation |
| | , or and abordination | |
| 3. Enter new principal office address, if applicable: Principal office address MUST BE A STREET ADDRESS) | • | |
| | | • • |
| | | |
| Enter new mailing address, if applicable: | | |
| (Mailing address <u>MAY BE A POST OFFICE BOX</u>) | | |
| | | <u> </u> |
| | | |
| . If amending the registered agent and/or registered office add | wasy in Florida anton t | ha nama of the |
| new registered agent and/or the new registered office address | | ne name or the |
| Name of New Registered Agent: | | • |
| | | |
| (Florida str | reet address) | |
| New Registered Office Address: | 7 | lorida |
| (City) | | (Zip Code) |
| | | o . |

Signature of New Registered Agent, if changing

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 officer/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) | | Name - | | | Address |
|------------------------------|-------------|-------------------|-------------------|----------------|---|
| 1) <u>Presiden</u> | d | Aimee | Patterson | Δ. | 201 Randolph Ct. Lake Worth, Fr 33461 |
| 2) | | | | | <u>'</u> |
| 3) | | | | _ | |
| 4) | | | | | |
| 5) | | | | _ | |
| 6) | | | | | |
| If REMOVING | an office | r and/or director | r nlegse list the | title(s) and | I name of the officer/director to be removed: |
| | an onice | and/or uncetor | , picase not the | erere (a) allu | manie of the officer/different to be femoved. |
| Title(s) | <u>Name</u> | | | Title(s) | <u>Name</u> |
| 1) Vice fres. | Aur | Her Gosnel | | 4) | |
| 1) Vice fres. 2) Tresumea | brup | n Potters | on | 5) | · · · · · · · · · · · · · · · · · · · |
| 3) | | | | 6) | |

| L. If amending or adding additional Art (attach additional sheets, if necessary). | (Be specific) | |
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| provisions | for implementing the amendment if not contained in the amendment itself: |
|-----------------------|--|
| (if not a | pplicable, indicate N/A) |
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| ne date of eac | h amendment(s) adoption: |
| | |
| | |
| fective date <u>i</u> | f applicable: |
| | (no more than 90 days after amendment file date) |
| | |
| lontion of Ar | nendment(s) (CHECK ONE) |
| ioption of the | (CIADON O.L.) |
| The amendir | nent(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) |
| | holders was/were sufficient for approval. |
| | |
| The amendm | ent(s) was/were approved by the shareholders through voting groups. The following statement |
| must be sept | arately provided for each voting group entitled to vote separately on the amendment(s): |
| 22 marks | |
| "The n | umber of votes cast for the amendment(s) was/were sufficient for approval |
| hv | |
| oy | (voting group) |
| | (voling group) |
| The amendm | ent(s) was/were adopted by the board of directors without shareholder action and shareholder |
| action was no | |
| | |
| UThe amendm | ent(s) was/were adopted by the incorporators without shareholder action and shareholder |
| action was n | ot required. |
| | |
| | Dated \(\frac{1}{2}\darkappa_1\) |
| | |
| | Signature Survey Potton |
| | (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) |
| | appointed fielderary by that fielderary) |
| | Nicosa Maldanna |
| | TIME TURING |
| | (Typed or printed name of person signing) |
| | Rossido 5 L |
| | AV CBO L CBO TO D |
| | (Title of person signing) |