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JUL 18 2014

R. WHITE

COVER LETTER

TO: Amendment Section

Division of Corporations NAME OF CORPORATION: BACK BAY RESORTS, INC. DOCUMENT NUMBER: P11000038475 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: **ELIYAHU WEISZ** Name of Contact Person Firm/ Company 46 ROTHSCHILD BLVD Address TEL AVIV 66883, ISRAEL City/ State and Zip Code EWEISZ@RGR.CO.IL E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: **ELIYAHU WEISZ** Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: □\$43.75 Filing Fee & ■ \$35 Filing Fee □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy (Additional Copy enclosed) is enclosed) Mailing Address Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32314

Tallahassee, FL 32301

FILED

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Articles of Amendment to Articles of Incorporation of

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BACK BAY RESORTS, INC.		
(Name of Corporation as currently filed with the Flor	ida Dept, of State)	
P11000038475		
(Document Number of Corporation (if kn	nown)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida</i> Articles of Incorporation;	orida Profit Corporation adopts the following	; amendment(s) to
A. 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," "Inc," or "Coword "chartered," "professional association," or the abbreviation "P.	". A professional corporation name must o	ibreviation contain the
B. Enter new principal office address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		_
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
(Multing dutiess MAT BE A POST OF FICE BOA)		•
		-
		<u>.</u>
D. If amending the registered agent and/or registered office addres	s in Florids, enter the name of the	
new registered agent and/or the new registered office address:		
Name of New Registered Agent		
THE STATE OF THE S		
(Florida stree	t address)	
Now Coninsund Office Address	, Florida	
New Registered Office Address: (City)	(Zip Code)	-
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar wi	ith and accept the obligations of the position.	
Signature of New Registered Ag	gent, if changing	

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)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe Is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove. and Sally Smith, SV as an Add.

X Change	PT Joh	n Doe	
X Remove	<u>V</u> <u>Mil</u>	ke Jones	
X Add	<u>SV</u> <u>Sal</u>	ly Smith	•
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change	Р	EDMUND I. SHAMSI	7745 WOOD DUCK RD
Add			BOCA RATON, FL
Remove			33434
2) Change	Р	NISSAN GADI	BY ELIYAHU WEISZ 46 R
Add			TEL AVIV 66883, ISRAEL
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

ach additional sheets, if r	necessary). (Be spi	er change(s) here: ecific)		
				<u></u>
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an amendment provide rovisions for implement (if not applicable, ind	ting the amendment	eclassification, or tif not contained	cancellation of iss in the amendment	ued shares, itself:
·				

The date of each amendment(s) adoption:	, if other than th
date this document was signed.	
Effective date if applicable: (no more than 90 days after amendment file date)	
(no more than 90 days after amenament file date)	
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided 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/were adopted by the board of directors without shareholder action and shareholder action was not required.	
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated 30/06/20/14	
Signature	
(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)	
ELIYAHU WEISZ	
(Typed or printed name of person signing)	
ATTORNEY OF PRESIDENT NISSAN GADI	
(Title of person signing)	