P11000058266

(Re	equestor's Name)	<u>.</u>
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COVER LETTER

Division of Corporations						
NAME OF CORPORATION: _	Trafalg	ar Capita	ıl Adv	isors, Inc.		
DOCUMENT NUMBER:	P1100058266					
The enclosed Articles of Amendm	eut and fee are a	abmitted for filing	······································	:		
Please return all correspondence of	•	Ì		•		
	Schreibe		J			
Alyce	Ochileine		toot Domos			
Name of Contact Person Trafalgar Capital Advisors, Inc.						
	Firm/ Company					
19950 W. Country Club Drive, 1st Floor						
Address						
Aventi	ura, FL 3		170.0.1			
	 .	City/ State an	-	3		
<u>aschreibe</u>	r@tcagl	obalfund	.com			
E-mati (address: (to be us	sed for future ann	ual report	notification)		
For further information concerning	this matter, pleas	se call:				
Alyce Schreiber		_{at} 7	'86	323-1650		
Name of Contact Pe	rson		Area Coo	le & Daytime Telephone Number		
Enclosed is a check for the following	g amount made j	payable to the Flo	orida Depa	riment of State:		
	S Filing Fee & leate of Status	□\$43.75 Filin Certified Co (Additional c enclosed)	ry	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Malling Address Amendment Section of Corpo P.O. Box 6327 Tallahassec, FL 32	on rations	{	Amenda Division Clifton 2661 Ex	Address Ment Section of Corporations Building countive Center Circle ssee, FL 32301		

TANK TO THE CORPORATIONS

14 SEP -2 AMII: 00

Articles of Amendment to Articles of Incorporation of

Trafalgar Capital Ad	visors, Inc.	;		
•	s corrently filed with the Pic	prida Dent. of State)		
P11000058266		•		
(Docume	ent Number of Corporation (if	known)		
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Plorida Statutes, this F	<i>iorida Profit Corporation</i> add	opts the following ame	ndment(s) to
A. If amending name, enter the new n		•		
TCA Fund Managem			The	
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associations of the contract of t	nation "Corp," "Inc," or "C	o". A professional corporat A."	ated" or the abbrevi lion name must contain	ation n the
B. Enter new principal office address. (Principal office address MUST BE A S	lf applicable: TREET ADDRESS)	N/A		
C. Enter new mailing address, if appl (Mailing address MAY BE A POST		N/A		
		1 Sehili-ternium		
D. If amending the registered agent an new registered agent and/or the new	v registered office address:	is in Florida, enter the name	e of the	
Name of New Registered Agent	N/A			
	(Florida street	address)		
New Registered Office Address:	·	, Florida_		
	(Cliy)		(Zlp Code)	
New Registered Agent's Signature, if el Thereby accept the appointment as regist		h and accept the obligations	of the position.	
Sie	nature of New Registered Age	ent if changing		
~~2	··········> - · · · · · · · · · · ·	v		

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 Dos, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add. Example: X Change PT John Doc X Remove У Mike Jones _X Add SY Sally Smith Type of Action Title Address. Name (Check One) N/A Change Remove Change Remove Change Add Remove Change Add Remove Change Remove Change Add Remove

Α	eels, if necessary).	(•
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fan amandmart om	ovides for an excha menting the amend s, indicate N/A)	nge, reclassificatio Iment if not contai	n, or concellation of ned in the amendme	issued shares, ut itself:
(if not applicable				
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nrovisions for imple (if not applicable				

SAMELLARY OF STATE DIVIDING OF CORPORATIONS

14 SEP -2 AM 11: 00

The date of each amendment(s) adoption:	, if other than the
Effective date if applicable: September 1, 2014	
(no more than 90 days after amendmen	I file date)
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes east for by the shareholders was/were sufficient for approval.	or the amendment(s)
The amendment(s) was/were approved by the shareholders through voting groups. The must be separately provided for each voting group entitled to vote separately on the a	
"The number of votes cast for the amendment(s) was/were sufficient for approval	1
by	13
(voting group)	•
The amendment(s) was/were adopted by the board of directors without shareholder act action was not required.	ion and shareholder
The amendment(s) was/were adopted by the incorporators without shareholder action a action was not required.	nd shareholder
Dated 8/28/2014 Signature X Call	
director, or other officer - if or offic	ers have not been
selected, by an incorporator — if in the hands of a receiver, tru appointed fiduciary by that fiduciary)	stee, or other court
Robert Press	
(Typed or printed name of person si	guing)
President	•
(Title of person signing)	