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COVER LETTER

TO: Amendment Section

Division of Corporations
NAME OF CORPORATION: EPICENTER OF DEFENSE INC.
DOCUMENT NUMBER: P 1 1000058915
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
MARSHAU B. MURPHY Name of Contact Person The state of t
EPICENTER OF DEFENSE INC. Firm/Company 102 SW BRANDON AVENUE
PORT St. Lucie, FL 34953
City/ State and Zip Code Marshall @ epicenter of defense. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
MARSHAU B. MURPHY at (772), 361-3747
Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
**S35 Filing Fee ** Certificate of Status Certified Copy (Additional Copy is enclosed) **S35 Filing Fee ** Certified Copy (Additional Copy is enclosed) **Certified Copy (Additional Copy is enclosed)
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

of	
EPICENTER OF DEFENSE, IN)C.
(Name of Corporation as currently filed with the Fl	orida Dept. of State)
<u>P11000058915</u>	
(Document Number of Corporation (if	known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>I</i> its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	ALL THE NAME OF THE PARTY OF TH
name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Cword "chartered," "professional association," or the abbreviation "I	Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	PORT ST. LUCIE, FL. 39953
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	P.O.Box 7245 Port St. Lucie, FL 34983
D. If amending the registered agent and/or registered office addressed rew registered agent and/or the new registered office address: Name of New Registered Agent OF SW BRANT	
New Registered Office Address: PORT ST. LUCIE (City)	et address) , Florida <u>34953</u> (Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar we will be a signature of New Registered Agent. Signature of New Registered Agent:	4

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.

Example: X Change	<u>PT</u> <u>Joh</u> ı	1 Doe	
X Remove	<u>V</u> <u>Mik</u>	<u>e Jones</u>	
X Add	<u>SV</u> <u>Sali</u>	y Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add Remove	VP	CALES. BROWNING	1322 SW CREST AVE PORT ST. LUCIE, FL 3495
2) Change Add Remove	TREASURE WWW.m.	KATHY S. FERRUGGIA	7576 RED RIVER RD. WEST ALM BEACH, FL 3341
Change Add Remove	VP	ROSLYN E. MURPHY	102 SW BRANDON Are PORT ST. LICIE, FL 34953
4) Change Add Remove			
5) Change Add Remove			
6) Change Add Remove			

f amending or adding additional Artication and Artication additional sheets, if necessary).	(Be specific)

	·
f an amendment provides for an exch	nange, reclassification, or cancellation of issued shares, and and and it not contained in the amendment itself:
(if not applicable, indicate N/A)	numera il not contained in the amendment issen-

The date of each amendment(s) adoption: FEBRUARY 16, 2012
Effective date if applicable: FEBRUARY 16, 2012
(no more than 90 days after amendment 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 FEBRUARY 16, 2012 Signature Marshall Classical Company of the company of th
Signature Marshall Cl
(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)
MARSHALL B. MURPHY
(Typed or printed name of person signing)
PRESIDENT
(Title of person signing)