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FEB 12 2014 C. CARROTHERS

COVER LETTER

TO: Amendment Section

Division of Corporations					
NAME OF CORPORATION: BELGA Inspection Group Inc DOCUMENT NUMBER: PNOOD 90350					
The enclosed Articles of Amendment and fee are submitted for filing.					
Please return all correspondence concerning this matter to the following:					
Teffery Archer Name of Contact Person BELGA Inspection Group Inc Firm/Company 2743 Rodman St Address Holly wood FL. 33020 City/State and Zip Code Thor Q21 @ Yahao. c 0m E-mail address: (to be used for future annual report notification)					
. For further information concerning this matter, please call:					
Teffery Archer at (954) 687-4720 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) Certified Copy (Additional Copy is enclosed) Certified Copy (Additional Copy is enclosed)					
Mailing Address Amendment Section Street Address Amendment Section					

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

Amendment Section Division of Corporations

2661 Executive Center Circle Tallahassee, FL 32301

Clifton Building

Articles of Amendment to Articles of Incorporation of

(Name of Corporation as currently filed with the Florida Dept. of State)	_
P11 0000 90350	
(Document Number of Corporation (if known)	<u> </u>
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the followits Articles of Incorporation:	ving amendment(s) to
A. If amending name, enter the new name of the corporation:	
Belga Investment Group Inc.	The new
name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name mu word "chartered," "professional association," or the abbreviation "P.A."	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	
	<u> </u>
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) NA	
D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:	
Name of New Registered Agent A/A	
(Florida street address)	
New Registered Office Address: , Florida , Florida (Zip Code)	S way managemental and
LA	m 14 FE
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.	
Signature of New Registered Agent, if changing	77
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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>	John Doe	
X Remove	<u>v</u>	Mike Jones	
_X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address /
1) Change			NIA
Add			
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

f amending or adding additional Art Attach additional sheets, if necessary).	(Be specific)
	N/A
	/
an amendment provides for an exchorovisions for implementing the ame	nange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
	NA
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	. /.	
The date of each amendment(s) adoption:	<i>N</i> [A	, if other than the
date this document was signed.	1	
Effective date if applicable:	N/A	
	(no more than 90 days after amendment file date)	
Adoption of Amendment(s) (CI	HECK ONE)	
The amendment(s) was/were adopted by the by the shareholders was/were sufficient for	e shareholders. The number of votes cast for the amendment(s) approval.	
	ne shareholders through voting groups. The following statement g group entitled to vote separately on the amendment(s):	
	endment(s) was/were sufficient for approval	
by(vo		
(vo	ting group)	
The amendment(s) was/were adopted by the action was not required.	board of directors without shareholder action and shareholder	
The amendment(s) was/were adopted by the action was not required.	e incorporators without shareholder action and shareholder	
Dated 62 16	3 2014	
Signature By a director pres	sident or other officer – if directors or officers have not been	
selected, by an inc	orporator – if in the hands of a receiver, trustee, or other court	
appointed fiduciar	y by that fiduciary)	
	Jeffery Arches	
	(Typed or printed name of person signing)	
	Presiden +	
	(Title of person signing)	

FILED

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SECRETARY OF STATE
TAIL AHASSES FIGURE