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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: TRAVEL SER	VICES GROUP INC	
DOCUMENT NUMBER: P12000001592		
The enclosed Articles of Amendment and fee ar	e submitted for filing.	
Please return all correspondence concerning this	matter to the following:	
Mason A. Pertnoy, Esq.		
Solowsky & Allen, P.L.	Name of Contact Person	
201 S. Biscayne Blvd., S	Firm/ Company jite 915	
Miami, Florida 33131	Address	
	City/ State and Zip Code	
Idn98y2003@yahoo.com		
tmail address: (to b	used for future annual report notification)	
For further information concerning this matter, p	 case call: 	
Mason A. Pertnoy, Esq.	at (305) 371-2223	
Name of Contact Person	Area Code & Daytime Telephone Number	
Enclosed is a check for the following amount ma	 de payable to the Florida Department of State: 	
\$35 Filing Fee Certificate of Statu		
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	

Articles of Amendment to Articles of Incorporation of

TRAVEL SERVICES GROUP INC

TRAVEL SERVICES GROOT INC					
(Name o	of Corp	oration as currently filed with the Florida Dept. of State)		
P12000001592	Ĭ				
	-	No. 15 December 2012			
		ocument Number of Corporation (if known)			
Pursuant to the provisions of section 607, its Articles of Incorporation:	1006, F	lorida Statutes, this Florida Profit Corporation adopts the f	ollowing	g amend	lment(s) to
A. If amending name, enter the new na	ime ofit	he corporation:			
"Corp." "Inc.," or Co.," or the design	ation [‡]	word "corporation," "company," or "incorporated" or Corp," "Inc," or "Co". A professional corporation name		- bbreviat	
word "chartered," "professional associa	tion, " ö 	r the abbreviation "P.A." 			
B. Enter new principal office address, (Principal office address MUST BE A S					_
		,			_
			ست ستخ		
	l	-	- F	ST.	
C. Enter new mailing address, if appli			> IN	-0	
(Mailing address <u>MAY BE A POST</u>)	<u>OFFICI</u>	<u> </u>	2 10	ــئـــ	_ [
			1 4	350	
			· . z.	<u> </u>	_
	ì		42		_
			923 [5	
D. If amending the registered agent an new registered agent and/or the nev		gistered office address in Florida, enter the name of the	, **		
new registered agent and/or the nev	Ī	<u>'</u>			
Name of New Registered Agent	Aram	Bloom, Esq.			
	100 S	outheast Second Street, Suite 3800			
		(Florida street address)		r	
New Registered Office Address:	Miami		3401		
		Florida			_
		ıCiyr	(Zip C	ode)	
New Registered Agent's Signature, if c		Registered Agent: ont. I am familiar with and accept the obligations of the po			
nereny accept the appointment as regist	erea ag	ent i am jamiliar with and accept the obligations of the po 	stiton,		
	$\geq $				
		Company of Van Basin and Company			
		Signature of New Registered Agent, if thanging			
		II			

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 = Treasurev; 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 <math>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)	Title	<u>Na</u>	ne 		Address
1) Change	PD	Jol	l) nn R. Owens !!		1732 S. Congress Ave.
Add					#360
x Remove					Palm Springs, FL 33461
2) X Change	PD	Da	vid M. Pearson		1732 S. Congress Ave.
Add					#360
Remove					Palm Springs, FL 33461
3) Change					
Add					
Remove					
4) Change					
Add					
Remove					
5) Change					
Add					
Remove					
6) Change					
Add				: -	
Remove					

If amending or adding additional Articl	lestlenter change(s) here:
Attach additional sheets, if necessary).	(Bà specific)
	
If an amendment provides for an exchai	nge, reclassification, or cancellation of issued shares,
provisions for implementing the amend	iment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
	<u> </u>
-	
	
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The date of each amendment(s) adoption:date this document was signed.	, if other than the
Effective date if applicable:	
	(no more than 90 days after amendment file date)
Note: If the date inserted in this block does n document's effective date on the Department of	of meet the applicable statutory filing requirements, this date will not be listed as the State's records.
Adoption of Amendment(s) (CH	 <u>ECK ONE</u>
☐ The amendment(s) was/were adopted by the by the shareholders was/were sufficient for a	 shareholders. The number of votes cast for the amendment(s) inproval.
	shareholders through voting groups. The following statement group entitled to vote separately on the amendment(s):
	 dment(s) was/were sufficient for approval
by	ng group)
(voi	ing 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.	 incorporators without shareholder action and shareholder
Dated8/30/	<u> </u>
Signature	My M
(By a director, pres	ident or other officer – if directors or officers have not been
selected, by an inco appointed fiduciary	porator – it in the hands of a receiver, trustee, or other court
appointed fiduciary	
	avid M. Pegrson
	Typed or printed name of person signing)
	Vice President
	(Title of person signing)