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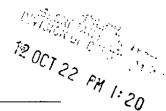
Amund (10/10/10

COVER LETTER

TO: Amendment Section **Division of Corporations** NAME OF CORPORATION: Metro Connect USA, Inc. DOCUMENT NUMBER: P12000003762 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Chad L. Silverman Name of Contact Person Metro Connect USA, Inc. Firm/ Company 21845 POWERLINE ROAD, Suite 201 Address **BOCA RATON FL 33433** City/ State and Zip Code CHAD.L.SILVERMAN@GMAIL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: $at \, (\frac{954}{\text{Area Code \& Daytime Telephone Number}})$ Chad Silverman Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: **\$35** Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) **Mailing Address** Street Address

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment Articles of Incorporation



to

METRO CONNECT USA, INC.		•	M/:	
(Name of Corporation as currently filed with the	e Florida Dept. of State)			
P12000003762				
(Document Number of Corporation	ı (if known)			
ursuant to the provisions of section 607,1006, Florida Statutes, the s Articles of Incorporation:	is Florida Profit Corporation	adopts the following am	nendment	
. If amending name, enter the new name of the corporation:				
		The	e new	
ame must be distinguishable and contain the word "corporal Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or ord "chartered," "professional association," or the abbreviation	· "Co". A professional corp			
. Enter new principal office address, if applicable:	7777 Glades F	Road		
Principal office address <u>MUST BE A STREET ADDRESS</u>)	Suite 100	Suite 100		
	Boca Raton, F	L 33434		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	7777 Glades F	Road		
	Suite 100			
	Boca Raton, F	L 33434		
If amending the registered agent and/or registered office adnew registered agent and/or the new registered office address		ame of the		
Name of New Registered Agent				
(Florida	street address)			
	, Flori	da		
New Registered Office Address:(Ci		(Zip Code)		

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

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	<u>PT</u>	John Do	<u>oe</u>	
X Remove	<u>v</u>	Mike Jo	ones .	
_X Add	<u>sv</u>	Sally Sr	n <u>ith</u>	
Type of Action (Check One)	Title		Name	<u>Addres</u> s
1) Change		_		
Add				
Remove				
2) Change		_		
Add				-
Remove				
3) Change		_		
Add				
Remove				
4) Change		_		<u> </u>
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change		_		
Add				
Remove				

E. If amending or adding additional Arti	cles, enter change(s) here:
(Attach additional sheets, if necessary).	(Be specific)
N/A	
	
<u> </u>	
F. If an amendment provides for an exch	ange, reclassification, or cancellation of issued shares,
provisions for implementing the amer (if not applicable, indicate N/A)	ndment if not contained in the amendment itself:
N/A	
IN/A	

The date of each amendment(s) adoption: 10/18/12			
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)		
Adoption of Amendment(s)	(CHECK ONE)		
☐ The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes cast for the amendment(s) fficient for approval.		
	proved by the shareholders through voting groups. The following statement 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 addraction was not required.	opted by the board of directors without shareholder action and shareholder		
action was not required.	er 18, 2012		
Signature	irector, president or other offiger Aif directors or officers have not been		
selected	d, by an incorporator – it in the hands of a receiver, trustee, or other court led fiduciary by that fiduciary)		
	Chad Silverman		
	(Typed or printed name of person signing)		
	President		
	(Title of person signing)		