P12-000006553

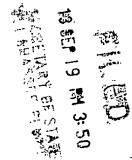
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PICK-UP	☐ WAIT	MAIL
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Certified Copies Certificates of Status		
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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPOR	ATION: Barter R	ewards, Inc.			
DOCUMENT NUMB	ER: P12000006553				
The enclosed Articles of	of Amendment and fee are su	ibmitted for filing.			
Please return all corresp	condence concerning this ma	atter to the following:			
_	James Howell				
	Name of Contact Person				
	Barter Rewards, Inc.				
_		Firm/ Company			
	7485 Conroy Windermere Road, Suite C				
_	Address				
	Orlando, Fl 32	835			
_		City/ State and Zip Cod	e		
		•			
	TCarson@Barter	Rewards.com			
E-mail address: (to be used for future annual report notification)					
For further information	concerning this matter, pleas	se call:			
Jame	James Howell at (407) 600 6824				
	Contact Person	at (<u>407</u> Area Co	de & Daytime Telephone Number		
Enclosed is a check for	the following amount made				
	□\$43.75 Filing Fee & Certificate of Status	☐\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Mailing Address		Street	Address		
	dment Section		ment Section		
Division of Corporations P.O. Box 6327		Division of Corporations			
Tallahassee, FL 32314		Clifton Building 2661 Executive Center Circle			

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

	Barter Reward	·			
(Name of Corporation as cur	rently filed with the Flor	ida Dept. of State)			
P 12000006553				<u>.</u>	
(Document Nu	mber of Corporation (if k	nown)			
Pursuant to the provisions of section 607.1006 its Articles of Incorporation:	6, Florida Statutes, this Flo	orida Profit Corporation adopts the	following	g amer	ndment(s) to
A. If amending name, enter the new name of	of the corporation:				
N/A				The	new
name must be distinguishable and contain "Corp.," "Inc.," or Co.," or the designation word "chartered," "professional association,	1 "Corp," "Inc," or "Co	". A professional corporation nar			
B. Enter new principal office address, if ap (Principal office address MUST BE A STRE		N/A			
C. Enter new mailing address, if applicabl		N/A		•	
(Mailing address <u>MAY BE A POST OFF</u>	(ICE BOX)	11/11		=	
		, , ,	2÷.		
			The state of	ಪ	
D. If amending the registered agent and/or	nogistared office address	s in Florida, enter the name of the	المُورُّ مِن (11)	6 9	~###
new registered agent and/or the new reg		s in Florida, enter the hame of the	477	9	geography The Transport
Numa of Nan Parietavad Arant	N/A		- 17 CD		1977
Name of New Registered Agent			200	※	f IN
	(Florida street	addrass	**************************************	သ က	
	(Fillitaa sireet	aum essy	393	0	
New Registered Office Address:	(City)	, Florida	Code)	-	
	(City)	(Σιρ	Code		
New Registered Agent's Signature, if chang					
I hereby accept the appointment as registered	'agent. I am familiar wit	h and accept the obligations of the p	osition.		
<u></u>					
Signati	ure of New Registered Ago	ent, 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 negessary)

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 <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	PT	John Doe	
X Remove	$\underline{\mathbf{V}}$	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	CEO	Tait Carson	7485 Conroy WindermereRoad
X Add			Suite C
Remove			Orlando, Fl 32835
2) Change			
Add			MANAGE CONTRACTOR OF THE CONTR
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	ch additional sheets, if necessary). (Be specific)
	N/A
_	
lf an	amendment provides for an exchange, reclassification, or cancellation of issued shares,
	ovisions for implementing the amendment if not contained in the amendment itself:
pro	TH NOT ADDITIONE INVICATE IN A L
pro	(if not applicable, indicate N/A)
pro	N/A
pro	

The date of each amendment(s) adoption: September 1, 2013	, if other than the
date this document was signed.	
Effective date if applicable: September 1, 2013	
(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)	
(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.	
9/16/2013	
Signature James Howell	
(By 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)	
appointed reductary by that reductary)	
James Howell	<u></u>
(Typed or printed name of person signing)	
President	
(Title of person signing)	