P12000047891

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Do	ocument Number)	
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Amend Mane CCICUS 13/12

COVER LETTER

Division of Corporations NAME OF CORPORATION: Trans-Global Asset Recovery, Inc. DOCUMENT NUMBER: P12000047891 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Anita Edelman Name of Contact Person Trans-Global Telecom, Inc. Firm/ Company 9255 N.W. 18th Street Address Coral Springs, FL 33071 City/ State and Zip Code anita@transglobaltel.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (954) 647-6603

Area Code & Daytime Telephone Number Anita Edelman 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 Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy

Mailing Address

TO: Amendment Section

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

is enclosed)

Articles of Amendment to Articles of Incorporation

Trans-Global Asset Rec	overy, Inc.			_
(Name of Corporation as	s currently filed with the Fl	orida Dept. of Sta	te)	_
P12000047891				
(Docume	nt Number of Corporation (if	known)		_
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, this F	Iorida Profit Corp	oration adopts the following	ng amendment(s)
A. If amending name, enter the new na	ame of the corporation:			
Worldwide Asset Recove	ery, Inc.			The new
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	nation "Corp," "Inc," or "C	Co". A profession		abbreviation
B. Enter new principal office address,	if applicables	n/a		
(Principal office address MUST BE A S				_
				_
				_
C. Enter new mailing address, if appl	icable:	- 1-		
(Mailing address MAY BE A POST		n/a		- 理
				15
•				- 世 劉
D. If amending the registered agent ar		ess in Florida, ent	er the name of the	7 PM 12: 2
new registered agent and/or the ne				F. 💸
Name of New Registered Agent	Anita Edelman			2
	9255 N.W. 18th			
	(Florida stre	et address)	00074	
New Registered Office Address:	Coral Springs		_, Florida 33071	_
	(City)		(Zip Code)	
New Registered Agent's Signature, if o	hanging Registered Agent:			
I hereby accept the appointment as regis	tered agent. I am familiar w	ith and accept the	obligations of the position.	
<u> </u>	nita Id	elman		
Si	ignature of New Registered A	gent, if changing		

Page 1 of 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>	John Doe			
X Remove	<u>V</u>	Mike Jones			
X Add	<u>sv</u>	Sally Smith			
Type of Action (Check One)	<u>Title</u>	Name			Address
1) Change		<u> </u>			
Add				,	
Remove			<i>.</i>		
2) Change					
Add				<u> </u>	
Remove					
3) Change					
Add					
Remove					
Keniove					
4) Change		_		 .	
Add					
Remove					
5) Change					
Add					
Remove					
6) Change	·	<u> </u>			
Add					
Remove					

E. If amending or adding additional Arti (Attach additional sheets, if necessary).	<u>icles, enter change(s) here</u> : (Be specific)
	the state of
	
	nange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
100 shares will be issued	
95% issued to Marc R. Di	rucker, Pres.
5% issued to Anita Edelm	nan, Registered Agent

The date of each amendment(s)	adoption: 08/06/2012
Effective date if applicable:	8/15/2012 (if possible)
<u> </u>	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
☐ The amendment(s) was/were act by the shareholders was/were s	dopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.
	oproved by the shareholders through voting groups. The following statement or each voting group entitled to vote separately on the amendment(s):
"The number of votes cas	t for the amendment(s) was/were sufficient for approval
by	(voting group)
	dopted by the board of directors without shareholder action and shareholder
The amendment(s) was/were ac action was not required.	lopted by the incorporators without shareholder action and shareholder
Dated_08/06	/2012
	na of Oron
select	director, president or other officer – if directors or officers have not been ed, by an incorporator – if in the hands of a receiver, trustee, or other court nted fiduciary by that fiduciary)
	Marc R. Drucker
	(Typed or printed name of person signing)
	President
	(Title of person signing)