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SECRETARY OF STATE
ALLANASSEE, FILORIDA

DEC 18 2013 R. WHITE

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: FIRSTMARK	REGULATORY	SOLUTIONS INC
DOCUMENT NUME	Discondone		
The enclosed Articles	of Amendment and fee are sub	omitted for filing.	
Please return all corres	spondence concerning this mat	ter to the following:	
	MITCHELL ATK	INS	
	FIRSTMARK RI	<u></u>	SOLUTIONS INC
	6451 N. FEDER		, SUITE 1201
	FT. LAUDERDA		
mit	:ch@firstmarksol E-mail address: (to be us	City/ State and Zip Codutions.com ed for future annual report	
For further informatio	n concerning this matter, pleas	e call;	
MITCHELL	ATKINS	at (954	₎ 551-2865
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	or the following amount made p	payable to the Florida Depa	artment of State:
■ \$35 Filing Fee	□\$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)
Am Div P.O	iling Address endment Section ision of Corporations . Box 6327 ahassee, FL 32314	Ameno Divisio Clifton	Address Iment Section on of Corporations Building Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to **Articles of Incorporation**

FILED 13 DEC 12 PH 3:37

FIRSTMARK REGULATORY SOLUTIONS INC

(Name of Corporation as currently filed with the Florida Dept. of State)

SECRETARY OF	STATE
TALLAHASSEE,	FLORIDA

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ent(s) to

(Document Number	r of Corporation (if k	iown)		
Pursuant to the provisions of section 607.1006, Floits Articles of Incorporation:	rida Statutes, this Fla	orida Profit Corporat	ion adopts the following	g amendme
A. If amending name, enter the new name of the FIRSTMARK REGULATOR		NS, INC.		The new
name must be distinguishable and contain the "Corp.," "Inc.," or Co.," or the designation "Coword "chartered," "professional association," or	orp," "Inc," or "Co	". A professional co	corporated" or the acreporation name must o	- bbreviation contain the
B. Enter new principal office address, if applica (Principal office address <u>MUST BE A STREET A</u>				-
				<u>.</u>
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	<i>BOX</i>)			-
D. If amending the registered agent and/or regineral new registered agent and/or the new register		in Florida, enter th	e name of the	-
Name of New Registered Agent				
	(Florida street	address)		
New Registered Office Address:		, Flo	orida	-
	(City)		(Zip Code)	
New Registered Agent's Signature, if changing I hereby accept the appointment as registered agen	Registered Agent: at. I am familiar with	and accept the oblig	ations of the position.	
Signature of	New Registered Age	nt, 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>e</u>	
X Remove	<u>v</u>	Mike Jo	nes	
X Add	<u>sv</u>	Sally Sn	<u>pith</u>	
Type of Action (Check Onc)	<u>Title</u>		Name	Address
1) Change		_		
Add				
Remove				
2) Change				
Add				
Remove				
3) Change		_		
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add		_		
Remove				
Remove				
6) Change		_		
Add				
Remove				

tach additional sheets, if necessary).	(Be specific)		
		- · · · · · · · · · · · · · · · · · · ·	
			
	·····		
	<u>-</u>		
f an amendment provides for an exc provisions for implementing the ame	nange, reclassificati	on, or cancellation o	f issued shares, ent itself:
(if not applicable, indicate N/A)	HUMBER IN HOL COME	mod in the water an	1.00
		···········	
			· · · · · · · · · · · · · · · · · · ·

The date of each amendment(s) ad	loption:	, if other than the
date this document was signed.		
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders. The number of votes cast for the amendment(s) fficient for approval.	
	roved 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 ado action was not required.	pted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were ado action was not required.	pted by the incorporators without shareholder action and shareholder	
Dated_12/10/20)13	
Signature	titulle	_
	rector, president or other officer - if directors or officers have not been	
	d, by an incorporator – if in the hands of a receiver, trustee, or other court ed fiduciary by that fiduciary)	
	MITCHELL ATKINS	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	