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JUL 28 2016

C. CARROTHERS

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: IBR Group, Corp		
	BER:		
The enclosed Articles	of Amendment and fee are su	abmitted for filing.	
Please return all corres	spondence concerning this ma	tter to the following:	
	John Marin		
		Name of Contact Perso	n
•	IBR Group, Corp		•
		Firm/ Company	<u>. </u>
	6200 Metrowest Blvd. Suite	201	
		Address	
	Orlando, FL 32835		
		City/ State and Zip Cod	le
Info@	BRgroupCorp.com		
	E-mail address: (to be us	sed for future annual report	notification)
For further information	n concerning this matter, pleas	se call:	
John D. Marin		at (701-2051
Name o	of Contact Person	Area Co	ode & Daytime Telephone Number
Enclosed is a check for	r the following amount made	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)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Ameno Divisio Clifton	Address Iment Section on of Corporations I Building Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

IBR	Group.	Corn
11717	OIL OUID	~~,

ink Group, Corp				
(<u>Name</u>	of Corporation as curren	tly filed with the Florida Dept. of State)	
	(Document Number	of Corporation (if known)	<u> </u>	_
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, thi	s Florida Profit Corporation adopts the f	ollowing amendment(s)	to
A. If amending name, enter the new n	ame of the corporation;			
N/A			The new	
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	nation "Corp," "Inc," or	ion," "company," or "incorporated" or "Co". A professional corporation name "P.A."	the abbreviation	
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)		6200 Metrowest Blvd. Suite 201		
		Orlando. FL 32835		
C. Enter new mailing address, if applicable; (Mailing address MAY BE A POST OFFICE BOX)		6200 Metrowest Blvd. Suite 201		,,
		Orlando, FL 32835	7.5%	-443
				ä
D. If amending the registered agent an new registered agent and/or the ne	nd/or registered office add w registered office addres	dress in Florida, enter the name of the	STATE OF THE PROPERTY OF THE P	,
Name of New Registered Agent	John D. Marin	_	,	
STEED STORE OF THE	6200 Metrowest Blvd. St	uite 201		
	(Florida s	treet address)		
New Registered Office Address:	Orlando , Flori		2835	
		(City)	(Zip Code)	
New Registered Agent's Signature, if c	hanging Registered Agen	t:		
I hereby accept the appointment as regist	tered agent. I am familiar	with and accept the obligations of the po	sition.	
	- 1			

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.

Example: X Change	PT	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	VP 	Mario A. Marin	10825 Norcross Cir.
Add X Remove			Orlando FL 32825
2) X Change	VP	Rebecca K. Marin	6200 Metrowest Blvd. Suite 201
Add			Orlando, FL 32835
Remove			
3) Change	<u> </u>	John D. Marin	6200 Metrowest Blvd. Suite 201
Add			Orlando, FL 32835
Remove			
4) Change			
Add			
Remove			
5) Change		<u> </u>	
Add			
Remove			
6) Change			
Demova			

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V/A	,						
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(if r	101 applicable,	, indicate N/A)			e umenançar aş		
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	07/18/16	
The date of each amendment(s)	doption:	, if other than the
date this document was signed.	/18/16	
Effective date <u>if applicable:</u>	18/10	
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the E	block does not meet the applicable statutory filing requirements, this department of State's records.	late will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were ac by the shareholders was/were s	lopted by the shareholders. The number of votes cast for the amendment ufficient for approval.	(s)
	oproved by the shareholders through voting groups. The following statener each voting group entitled to vote separately on the amendment(s):	vent
"The number of votes case	t for the amendment(s) was/were sufficient for approval	
bv	(voting group)	
· · · · · · · · · · · · · · · · · · ·	(voting group)	
•	dopted by the board of directors without shareholder action and sharehold	der
The amendment(s) was/were action was not required.	lopted by the incorporators without shareholder action and shareholder	
07/18/16 Dated		
selec	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 connect fiduciary by that fiduciary)	
	Rebecca K. Marin	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	