

Florida Department of State

Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number : (850)205-0380

From:

Account Name : EMPIRE CORPORATE KIT COMPANY

Account Number: 072450003255

Phone : (305)634-3694 Fax Number : (305)633-9696

COR AMND/RESTATE/CORRECT OR O/D RES

MEL F., INC.

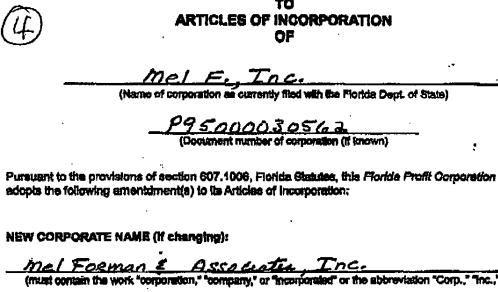
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EMP I RE







(must contain the work "corporation," "company," or "incorporated" or the abbreviation "Corp.," "inc.," or "Co.") AMENDMENTS ADOPTED: (OTHER THAN NAME CHANGE) Indicate Article Number(s) and/or Article Title(s) being amended, added or deleted: (BE SPECIFIC) Anticle #5; deleta: Lisa F. Rosen Recistered agent Mami Florida 33130 edd: BRITT J. ROSEN. Vice President 8603 South Divis Highway Suite 205, maini, Horida 33143 (Attach additional pages if necessary)

for Implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)

If an amendment provides for exchange, reclassification, or cancellation of issued shares, provisions

9002-62-435

The date of each amendment(s) adoption: September 36 206.
Effective date if applicable: (no more than 90 days after amendment file date)
Adoption of Amendment(s) (CHECK ONE)
The amendment(s) was/were approved 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
(sogne Brond)
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.
Signed this 26 day of September 2006 Signature Poletta Toma
Signature (By a 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)
Roberta Forman (Typed or printed name of person signing)
(Typed or printed name of person signing)
President
(Title of person signing)

FILING FEE: \$35

CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

MEL FORMAN & ASSOCIATES INC.

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THE ARTICLES OF INCORPORATION, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

REGISTERED AGENT

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