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SECRETARY OF STATE ALLAHASSEE, FLORIDA

Amend 11/3/09

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: HFS-USA, INC.		
DOCUMENT NUMBER: P98000095832		
The enclosed Articles of Amendment and fee are	submitted for filing.	
Please return all correspondence concerning this i	matter to the following:	
Janice N	Noll	
(Name of	Contact Person)	
Incorp S	Services, Inc.	
(Firm/	(Company)	
375 N. Step	hanie St., Suite 1411	
(A	.ddr <del>e</del> ss)	
	n, NV 89014-8909	<u> </u>
(City/ State For further information concerning this matter, pl	e and Zip Code)	
For further information concerning this matter, pr	case can.	
Janice Null for Incorp Services, Inc.	at ( 702 ) 866-250 (Area Code & Daytime	0 ext. 6505
Enclosed is a check for the following amount made	de payable to the Florida De	partment 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 Statu Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center C	

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

HFS-USA, INC.		99
(Name of Corporation as cu	arrently filed with the Florida Dept. of S	State) 9007 30
	Number of Corporation (if known)	
Pursuant to the provisions of section 607.1 following amendment(s) to its Articles of Inc.		fit Corporation adopts the
A. If amending name, enter the new name	e of the corporation:	
The new name must be distinguishable "incorporated" or the abbreviation "Corp"Co". A professional corporation nassociation," or the abbreviation "P.A."		"Corp," "Inc," or
B. <u>Enter new principal office address, if a</u> (Principal office address <u>MUST BE A STR</u>		
C. Enter new mailing address, if applical (Mailing address MAY BE A POST OF		
D. If amending the registered agent and/o new registered agent and/or the new re		enter the name of the
Name of New Registered Agent:		
New Registered Office Address:	(Florida street address)	
	(City)	, Florida (Zip Code)
New Registered Agent's Signature, if char hereby accept the appointment as registe position.		cept the obligations of th
-	Signature of New Registered Agent, if c	hanging

## 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)

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
D	MARC J. CHAMBERLAND, P.A.	3180 SOUTH FALKENBERG ROAD RIVERVIEW FL 33578	Add Remove
<del>v2N/al/st-terry al-a-ressa</del>	<del> </del>		Add Remove
			Add Remove
(attach ad	ling or adding additional Articles, enditional sheets, if necessary). (Be s	pecific)	
provisio		, reclassification, or cancellation of iss it if not contained in the amendment i	
			, ,,,,,,
			······································

The date of each amendment(s) adoption: OCT. 13, 2009 My 1, 2009
Effective date if applicable:
(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)
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.
Dated OCT. 23, 2009  MS Signature Diller Marc Cirturalization Social Marchaelen de Cirturalization Social Marc Cirturalization Social Marchaelen de Cirturalization Social Marc Cirturalization Social Marchaelen de Cirturalization de
appointed fiduciary by that fiduciary)
MARC J. CHAMBERLAND, P.A.
(Typed or printed name of person signing)
Director
(Title of person signing)