P99000021436

(Re	equestor's Name)	
(Ac	ldress)	
(Ad	ldress)	
(Cil	ty/State/Zip/Phone	· #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	Certificates of Status	
Special Instructions to	Filing Officer:	

Office Use Only



600081000466

10/26/06--01019--020 **52.50

DECRETARY OF STATE

of Amen

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Civil Solution	s, Inc.	
DOCUMENT NUMBER: <u>P99000021436</u>		
The enclosed Articles of Amendment and fee are	submitted for filing.	
Please return all correspondence concerning this r	matter to the following:	
Cherie Sova		
(Name of C	Contact Person)	
Civil Solutions, Inc.		
(Firm/	Company)	
44055 PhO: Highway One Coll	- 050 / 10 M 10 M 10 M 11	
He 14255 U.S. Highway One, Suite (A	ddress)	.
•	• • • • • • • • • • • • • • • • • • •	,
Juno Beach, Florida 33408	18' (0.1)	<u></u> ` :
For further information concerning this matter, ple	e and Zip Code) ease call:	
Cherie Sova	at (561) _630-673	
(Name of Contact Person)	(Area Code & Daytime T	'elephone Number)
Enclosed is a check for the following amount:	,	
\$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	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circ Tallahassee, FL 32301	:le

Articles of Amendment to Articles of Incorporation of Civil Solutions, Inc. (Name of corporation as currently filed with the Florida Dept. of State) P99000021436 (Document number of corporation (if known)

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

NEW CORPORATE NAME (if changing):

(Must contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.") (A professional corporation must contain the word "chartered", "professional association," or the abbreviation "P.A.")
AMENDMENTS ADOPTED- (OTHER THAN NAME CHANGE) Indicate Article Number(s) and/or Article Title(s) being amended, added or deleted: (BE SPECIFIC)
The principal office of the corporation (Article II) shall be amended from: 14155 U.S. Highway One,
Suite 200, Juno Beach, Florida 33408 to: 14255 U.S. Highway One, Suite 250, Juno Beach,
Florida 33408.
The street address of the initial registered agent (Article IV) and the address of the incorporator
(Article V) shall be amended from: 14155 U.S. Highway One, Suite 200, Juno Beach, Florida 33408
to: 14255 U.S. Highway One, Suite 250, Juno Beach, Florida 33408.
(Attach additional pages if necessary)
If an amendment provides for exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A
N/A
(continued)

The date of each amendment(s) adoption: October 1, 2006
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
(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.
Signature Chali Sova
(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)
Cherie Sova
(Typed or printed name of person signing)
President
(Title of person signing)

FILING FEE: \$35