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CONTROL OF

SECRETARY OF GRATIONS
DIVISION OF CORPORATIONS

T Roberts MAR 0 5 2009

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Micro	osmart of Florida, Inc.
DOCUMENT NUMBER: S0579	3
The enclosed Articles of Amendment as	nd fee are submitted for filing.
Please return all correspondence concer	ning this matter to the following:
	Malcolm D. Gulden
	(Name of Contact Person)
	Microsmart of Florida, Inc.
	(Firm/ Company)
	6750 East Rogers Circle
· ;	(Address)
en e	Boca Raton, FL 33487
For further information concerning this	(City/ State and Zip Code)
rol luttier information concerning this	matter, prease can.
Malcolm D. Gulden (Name of Contact Person)	at (at (
, , , , , , , , , , , , , , , , , , ,	
\$35 Filing Fee Certificate of State	
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 Circle

Tallahassee, FL 32301



Articles of Amendment to Articles of Incorporation of

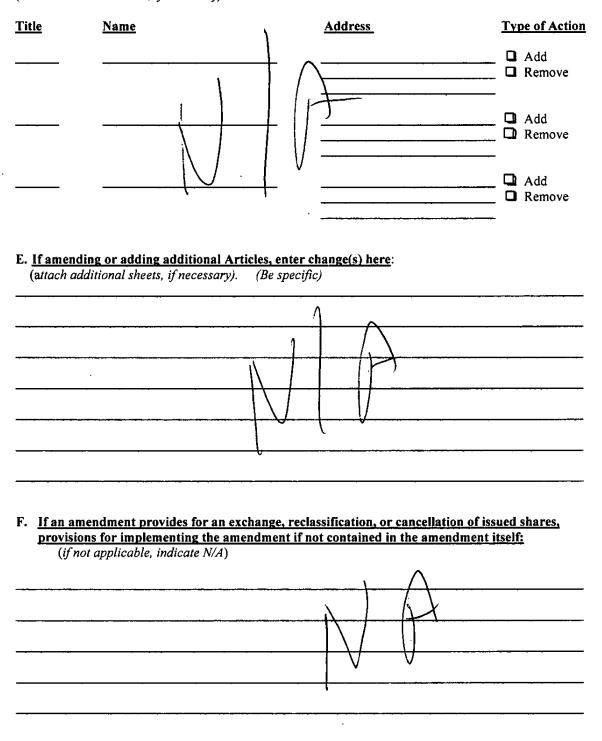
FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

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	t of Florida, Inc.	F
(Name of Corporation as current	tly filed with the Florida Dept. of S	<u>State</u>)
	15793 er of Corporation (if known)	
·	• • •	
ursuant to the provisions of section 607.1006, ollowing amendment(s) to its Articles of Incorporation		it Corporation adopts t
. If amending name, enter the new name of the	he corporation:	
Microsmart, Inc.		
The new name must be distinguishable and fincorporated" or the abbreviation "Corp.," "I Co". A professional corporation name association," or the abbreviation "P.A."	Inc.," or Co.," or the designation	"Corp," "Inc," or
B. Enter new principal office address, if applic Principal office address <u>MUST BE A STREET</u>		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	E BOX)	
	•	· · · · · · · · · · · · · · · · · · ·
. If amending the registered agent and/or reg	<u>istered office address in Florida, e</u>	nter the name of the
new registered agent and/or the new registe	ered office address:	
Name of New Registered Agent:		
New Registered Office Address:	(Florida street address)	
		, Florida
	(City)	(Zip Code)
Jan Desistand Agentle Signature if shouging	Desistand Asset	
lew Registered Agent's Signature, if changing hereby accept the appointment as registered a osition.		cept the obligations of t
Sign	nature of New Registered Agent if c	hanaina

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)



Th	e date of each amendment(s) adoption: March 2, 2009
Εfi	ective date if applicable: March 15, 2009
	(no more than 90 days after amendment file date)
Ad	option 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 March 2, 2009
	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)
	Malcolm D. Gulden
	(Typed or printed name of person signing)
	()
	President / Director
	(Title of person signing)