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247MG1, INC.

## COVER LETTER

411000279272

TO: Amendment Section
Division of Corporations

| NAME OF COR         | PORATION:                                 |                | 247M  | GI, Inc.             |          |   |
|---------------------|---|----------------|---|----------------------|----------|---|
| DOCUMENT N          | NT NUMBER: S68597                         |                |   |                      |          |   |
| The enclosed Arti   | cles of Amendment and fee a               | ure submitte   | d for fili                                  | ng.                  |          |   |
| Please return all c | orrespondence concerning th               | is matter to   | the follo                                   | wing:                |          |   |
|                     |   | Matthew I      |   |                      |          |   |
|                     | ,   | lame of Cont   | ict Person                                  |                      |          |   |
|                     |   | 247MGI,        | Inc.  |                      |          |   |
|                     |   | Firm/ Cou      | рапу  |                      |          |   |
|                     | 43 S Pon                                  | pano Pari      | kway, Si                                    | uite 267             | _        | · .   |
|                     |   | Addre          | is.   |                      | <u>-</u> | <del></del>   |
|                     | Pomp                                      | ano Beac       | h, FL 33                                    | 9069                 |          |   |
|                     | C   | ity/ State and | Zip Code                                    |                      |          |   |
|                     | 0.770                                     | 200            |   |                      |          |   |
|                     | E-mail address: (to be use                | d for hiture a |   | rt notification      | n)       | <del></del>   |
| For further inform  | sation concerning this matter,            | please call:   |   |                      |          |   |
|                     | <u>-</u> .                                | _              |   | <b>`</b>             | 623-3    | 3209  |
|                     | of Contact Person                         | at (           | Area Code                                   | e & Daytime          | Telepho  | ne Number   |
| Enclosed is a chec  | k for the following amount n              | nade payabl    | e to the l                                  | Floxida De           | partmer  | at of State:  |
| [2]\$35 Filing Fee  | S43.75 Filing Fee & Certificate of Status | Cer            | .75 Filing I<br>tified Copy<br>ifflogal cop |                      | d)       | \$52.50 Filing Fee<br>Certificate of Status<br>Certified Copy<br>(Additional Copy is enclosed |
| Mailing A           |   |                | t Addres                                    |                      |          |   |
| Amendme             | nt Section<br>f Corporations              |                | dment S                                     | ecuon<br>orporations |          |   |
| P.O. Box 6          |   |                | n Buildir                                   |                      | 1        |   |
|                     | e, FL 32314                               | 2661           | Executiv                                    | e Center C           | ircle    | •   |
|                     |   | Tallah         | nassee, F                                   | L 32301              |          |   |
| •                   |   |                |   | i<br>:               | +11      | 1000229277  |

## Articles of Amendment to Articles of Incorporation of

|  | AGI, Inc.  |                                       |                    |  |  |
|--|--|---------------------------------------|--------------------|--|--|
| (Name of Corporation as currently filed with the Florida Dept. of State)   |  |                                       |                    |  |  |
| S68597 (Document Number of Corporation (if known)  |  |                                       |                    |  |  |
|  |  |                                       |                    |  |  |
| . If amending name, enter the new name of the  | e corporation:                                     |                                       |                    |  |  |
|  |  | 77                                    | is new             |  |  |
| ame must be distinguishable and contain the breviation "Corp.," "Inc.," or Co.," or the de time must contain the word "chartered," "profes   | isignation "Corp," "In<br>islonal association," or | c." or "Co". A professional corp.     | or the<br>pration  |  |  |
| . Enter new principal office address, if applic<br>rincipal office address MUST BE A STREET.   |  |                                       | N.                 |  |  |
| The state of the s |  |                                       | TS:                |  |  |
|  |  |                                       | SEP 19             |  |  |
|  |  |                                       | - S                |  |  |
| Enter new muiling address, if applicable:<br>(Mailing address MAY BE A POST OFFICE   | · RAVA   |                                       | <u></u>            |  |  |
| (  |  |                                       | OREGO A            |  |  |
|  |  | · · · · · · · · · · · · · · · · · · · | en ORAI            |  |  |
|  | <del></del>  |                                       | <b>5</b>           |  |  |
| If amending the registered agent and/or reg<br>new registered agent and/or the new register  | istered office address i                           | g Florida, enter the name of the      | · e <sup>2</sup> 1 |  |  |
|  | led office additions:                              |                                       |                    |  |  |
| Name of New Registered Agent:  |  |                                       |                    |  |  |
| New Registered Office Address:   | (Florida street d                                  | address)                              |                    |  |  |
|  |  | Florida                               | _                  |  |  |
|  | (City)   | (Zip Code)                            |                    |  |  |
| ew Registered Agent's Signature, if changing   | Registered Agent:                                  |                                       |                    |  |  |
| ereby accept the appointment as registered ager  | nt. I am familiar with a                           | and accept the obligations of the po  | iltion.            |  |  |
|  |  | ·                                     | . •                |  |  |

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| f amending the Officers and/or Directors, enter the  | title and name of e                         | ach officer/director being                      |
|--|---|---|
| emoved and title, name, and address of each Offices Attach additional sheets, if necessary)  | r and/or Director b                         | eing addec:                                     |
| <u>Name</u>  | Address                                     | Type of Action                                  |
|  |   | ☐ Remove  |
|  | <b>17</b>                                   | ☐ Add ☐ Remove                                  |
|  |   | ☐ Add   |
| (attach additional sheets, if necessary). (Be specific urrently: Article IV Shares - The total number or poration is authorized to issue is Three Billinares of Par value \$.00001 |   |   |
| Armend Article IV Shares to:   |   |   |
| he total number of shares of Common Stock  | which the Corpor                            | ration is authorized to                         |
| esue is One Billion Six Hundred Million (1,600   | ,000,000) shares                            | of Par value \$.0001                            |
| . If an amendment provides for an exchange, recta provisions for implementing the amendment if no (if not applicable, indicate N/A)  | ssification, or cane<br>of contained in the | ellation of issued shares.<br>amendment itself: |
|  |   |   |
|  |   |   |
|  |   |   |
|  | rage 2 of 3                                 | H11100027                                       |

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| The date of each amendmen                            | t(s) adoption: 🚉                       | 9-19-11   |
|--|--|---|
| Effective date <u>if applicable</u> :                |  | (date of adoption is required)  |
|  | (no more than                          | 90 days after amendment file date)  |
| Adoption of Amendment(5)                             | C                                      | HECK ONE)   |
| The amendment(s) was/we by the shareholders was/w    |  | e shareholders. The number of votes cast for the amendment(s) approval.   |
| The amendment(s) was/we must be separately provide   | ere approved by the ed for each voting | he shareholders through voting groups. The following statement group entitled to vote separately on the amendment(s):                               |
| "The number of votes                                 | cast for the ame                       | ndment(s) was/were sufficient for approval  |
| by   | (voting group)                         | <u></u>   |
| [7] The amendment(s) was/we action was not required. | ere adopted by the                     | e board of directors without shareholder action and shareholder   |
| The amendment(s) was/we action was not required.     | ere adopted by the                     | e incorporators without shareholder action and shareholder  |
| Dated 09-<br>Signature _                             | Sol                                    |   |
| sel  | ected, by an inco                      | ident or other officer if directors or officers have not been reporator - if in the hands of a receiver, trustee, or other court by that fiduciary) |
|  |  | Matthew Dwyer   |
|  | (T)                                    | yped or printed name of person signing)   |
|  |  | President   |
|  | (Title                                 | of person signing)  |

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