STATE OF ALABAMA

DOMESTIC BUSINESS CORPORATION AMENDMENT TO CERTIFICATE OF INCORPORATION

PURPOSE: In order to amend a Business Corporation's Certificate of Incorporation under Section 10A-2A-10.06 of the Code of Alabama 1975 this Amendment and the appropriate filing fees must be filed with the Office of the Secretary of State.

INSTRUCTIONS: Mail one (1) signed original and one (1) copy of this completed form along with a self-addressed, stamped envelope with the filing fee of \$100.00 (credit card, check, or money order) to the Secretary of State, Business Services, P.O. Box 5616, Montgomery, Alabama 36103-5616. If the credit card does not authorize or if the check is dishonored, the filing will be removed from the index and of no legal effect. In the case of a dishonored check, a \$30 fee will be charged.

i nis form must be typed.						
-	The name of the corporation from the Certificate of Incorporation:					
•	The date the Certificate of Incorporation was filed:/(MM/DD/YYYY)					
3.	Alabama Entity ID Number (Format: 000-000):	me				
	The titles, dates, and places of filing of any previous Amendments:					
	[Instruction on Amendment completion: Be very specific about what must be changed if you are amending exist information. If the amendment includes a name change, a copy of the Name Reservation form issued by the Office Secretary of State must be attached. Any instrument not ascertainable by information contained within the fit instrument must be attached pursuant to 10A-2A-10.06(a)(5)(3) Registered agents and registered agent addresses are changed by filing a Change Of Registered Agent Or Register Office By Entity form directly with the Office of the Secretary of State (the new agent's signature is require agreeing to accept responsibility). You may file the information as an Amendment also, but the change form must on file with the Secretary of State per 10A-1-3.12(a)(2) to effect the change in the public records database.]	e of ing red				
	(For SOS Use Only)					
his	s form was prepared by: (type name and full address)					
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DOMESTIC BUSINESS CORPORATION AMENDMENT

5.	The following amendment was adopted on/(format MM/DD/YYYY):						
		Additional Amendments	and the dates on which they were adopted are attached.				
		Item 6, 7, or 8 MUS	Γ be checked/completed with any appropriate attachments.				
6.		The board of directors without stockholder action approved the Amendment. Stockholder action was not required.					
7.		The stockholders approved the Amendment. The total number of votes entitled to be cast was (information is required for item a <u>or</u> b). Complete one of the following:					
	a.	a. The total number of votes cast for amendment was and the total number of votes cast against amendment was					
	b.	The total number of undispute of votes to approve amendmen	l votes cast for amendment was which was a sufficient number t.				
8 Amendment by voting groups was required; the information required in item 5 above is preach voting group and is attached to and made part of this Domestic Business Corporation document.							
	Date	(MM/DD/YYYY)	Signature as required by 10A-2A-1.20				
			Typed Name of Above Signature				
			Typed Title/Capacity to Sign under 10A-2A-1.20				

<u>Secretary of State Credit Card or Prepaid Payment Option/Return/Hold Sheet:</u> If you do not send an acknowledgement copy and a pre-addressed postage paid envelope with the filing you will not receive a receipt from the Secretary of State's Office. Hold for pickup request will have the receipt attached. The document of record will be stamped showing the receipt of the filing fee but will not show convenience fees (generally these fees are between 2% and 5% of the total charge).

Information MUST be typed or filing will be returned without review.

Entity Name:			
AL Entity ID #, required for all filings other	than formation/re	egistration: (ex: 000-000)	
Service Requested: X \$100.00 Amend	ment filing fee		
Hold at Front Desk for Pick-up by: There is no notification service/cell for nice	ly up (Sawia	ce providers who run couriers for pick-up)	
There is no notification service/call for pic	<u>k-up.</u> (Service	e providers who run couriers for pick-up)	
Choos	e one of the follo	owing:	
Check/money order is attached-Pleas Secretary of State. Do not use one ch		ek payable for each filing to the Alabama filings.	
Charge fees to prepaid account: Acco	ount Number		
and Account Name			
Typed Name & Signature of Authori	ized Individual on	n Account	
Credit Card Type:	(Visa	a, MC, Discover & AmEx)	
Card Number:	Expii	iration Mo/Yr.:/ (MM/YY)	
Card Holder Name:			
Complete Billing Address:			
	Street or PO		
City	State	Zip	
Signature of Card Holder:	MUST be Sig	gnature of Card Holder	