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The Commonwealth of Massachusetts

William Francis Galvin

Secretary of the Commonwealth One Ashburton Place, Boston, Massachusetts 02108-1512

FORM MUST BE TYPED

Certificate of Amendment

FORM MUST BE TYPED

(General Laws Chapter 156D, Section 15.04; 950 CMR 113.49)

(1) Exact name of corporation:						
	(as contained in the Division's records)					
(2)	Regi	Registered office address:				
		(number, street, city or town, state, zip code)				
(3)	This amendment shall change:					
		(check appropriate box(es))				
		the corporation's name to *:				
		the period of the corporation's duration to:				
		the state or country of its incorporation to*:				
		the street address of its principal office to:				
		the fiscal year end to:				
		the activities conducted by the foreign corporation in the commonwealth:				
		its officers and directors:				
		other				

The name must satisfy the requirements of G.L. Chapter 156D, Section 15.06.

^{*} If the amendment includes a change of its corporate name, or the state or country of its incorporation, attach a certificate evidencing the changes duly authenticated by the secretary of state or other official having custody of the corporate records in the state or country under whose law it is incorporated. If the certificate is in a foreign language, a translation thereof under oath of the translator shall be attached.

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This cer from the	ertificate is effective at the time and on the date approv the date of filing is specified:	red by the Division, unless a later effective date not more than 90 days
Signed l	d by:(sional	ture of authorized individual)
	President,	
	Other officer,	
	Court-appointed fiduciary,	
on al.:.	J C	
OII THIS	say or	

COMMONWEALTH OF MASSACHUSETTS

William Francis Galvin

Secretary of the Commonwealth One Ashburton Place, Boston, Massachusetts 02108-1512

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I hereby certify that upon examination of this foreign certificate of amendment, duly

	submitted to me, it appears that the provisions of the General Laws relative thereto have been complied with, and I hereby approve said certificate; and the filing fee in the amount of \$ having been paid, said certificate is deemed to have been filed with me this day of, 20, ata.m./p.m.
	Effective date:(must be within 90 days of date submitted)
	WILLIAM FRANCIS GALVIN Secretary of the Commonwealth
	Filing fee: \$100
Examiner	TO BE FILLED IN BY CORPORATION Contact Information:
Name approval	
M	
	Telephone:
	Email:
	Upon filing, a copy of this filing will be available at www.sec.state.ma.us/cor. If the document is rejected, a copy of the rejection sheet and rejected document will be available in the rejected queue.