Filing Fee: \$75.00

ID Number: 1591488



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State
Corporations Division
148 W. River Street
Providence, Rhode Island 02904-2615

BUSINESS CORPORATION

APPLICATION FOR AMENDED CERTIFICATE OF AUTHORITY

Pursuant to the provisions of Section 7-1.2-1411 of the General Laws of Rhode Island, 1956, as amended, the undersigned corporation hereby applies for an Amended Certificate of Authority to transact business in the State of Rhode Island, and for that purpose submits the following statement:

1.	The name of the corporation is Multifamily Technology Solutions, Inc.					
2.	It is incorporated under the laws of					
3.	A Certificate of Authority was issued to the corporation by the office of the Secretary of State of the State of Rhode Island on, authorizing it to transact business in Rhode Island under the name of:					
4.	The corporate name of the corporation has been changed to No Change					
	(If no change, so indicate.)					
5.	The name, if different, which it elects to use in Rhode Island is:					
	(a) If the name of the corporation in its jurisdiction of incorporation does not contain the word "corporation," "company," "incorporated," or "limited," or an abbreviation thereof, then list the name of the corporation with the addition of one of the above corporate endings for use in Rhode Island:					
	(b) If the corporate name is not available in Rhode Island, then set forth below the fictitious name under which the exporation will qualify and transact business in Rhode Island as stated in the "Fictitious Business Name Statement" to be filed with this Application:					
6.	The corporation desires to pursue in the transaction of business in Rhode Island other or additional purposes than those set forth in its prior Application for a Certificate of Authority, as follows: (If no other or additional purposes are proposed, insert "No Change.")					
	(If no other or additional purposes are proposed, insert "No Change.")					
	No Change					
	MAR 0 6 2009					
	11:53					

Form No. 151 Revised: 12/05

	Total Number of Authorized Shares 27,000,000	<u>Class</u> Common	<u>Series</u>	Par Value or Statement that Shares are without Par Value \$.0001		
	8,000,000	Preferred Preferred	A	\$.0001		
	7,500,000			\$.0001		
	1,500,000	Preferred	- हैन	₹ ,0001		
8.	(a) An estimate of the value of all property to be owned by the corporation for the following year, wherever located, is \$ \(\frac{1000,000}{1000}\).					
	(b) An estimate of the value of the corporation's property to be located within Rhode Island during the following year is \$					
	corporation to be located	within this state during the following y	ng the following year be	the estimated value of the property of the ears to the value of all property of the is%. [divide (b) by (a) and		
9.	(a) An estimate of the gross amount of business to be transacted by the corporation during the following year is \$_16_723,22<					
	(b) An estimate of the gross amount of business to be transacted by the corporation at or from places of business in Rhode Island during the following year is \$ 20,000					
	the corporation at or fron	n places of business in eacted by the corpor	age, of the proportion that the gross amount of business to be transacted by usiness in this state during the following year bears to the gross amount be corporation during the following year is%. [divide (b) by (a) centage]			
10.	 Except as herein modified, the original Application for Certificate of Authority continues in full force and effect and is hereby confirmed, ratified and incorporated by reference into this Application for Amended Certificate of Authority. 					
11.	. This Application for Amende which shall be no later than	ed Certificate of Author the 90 th day after the	ority shall be effective under date of this filing	pon filing unless a specified date is provided		
Dr	ate: 2 (13/09		examined this Appli including any ac	perjury, I declare and affirm that I have ication for Amended Certificate of Authority, companying attachments, and that all id herein are true and correct.		
υê	ne		Signature g	Authorized Officer of the Corporation		
				HN HELM		
				Print Name of Authorized Officer		



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

I, A. RALPH MOLLIS, Secretary of State of the State of Rhode Island and Providence Plantations, hereby certify that this document, duly executed in accordance with the provisions of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this office on this day:

A. RALPH MOLLIS

A. Japa 1. eeio

Secretary of State

