ID Number: 000487933



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	Advantage Federal Resourcing, Inc.						
2.	It is incorporated under the laws of _	DE						
3.	A Certificate of Authority was issued to the corporation by the office of the Secretary of State of the State of Rho Island on 12/,5/2008 , authorizing it to transact business in Rhode Island under the nate Advantage Federal Resourcing, Inc.							
4,	n has been changed to Tactical Workforce Solutions, inc.							
	······································	(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 qualify and transact business in Rho Application:	in Rhode Island, then set forth below the fictitious name under which the corporation will ode Island as stated in the "Fictitious Business Name Statement" to be filed with this						
3.	The corporation desires to pursue in those set forth in its prior Application for	the transaction of business in Rhode Island other or additional purposes than or a Certificate of Authority, as follows:						

(If no other or additional purposes are proposed, insert "No Change.")

Form No. 151 Revised: 12/05

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	If there has been an increase in the authorized shares of the corporation, list the total number of authorized shares, including the increase (if there has been no increase in shares, insert "no change"):						
	_	Total Number of Authorized Shares No changes	<u>Class</u> No changes	<u>Series</u> No changes	Par Value or Statement that Shares are without Par Value No changes		
8.	. (a) An estimate of the value of all property to be owned by the corporation for the following year, wherever tecated, is \$						
	(b) An estimate of the value of the corporation's property to be located within Rhode Island during the following year is \$						
	(c) An estimate, expressed as a percentage, of the proportion that the estimated value of the property of the corporation to be located within this state during the following year bears to the value of all property of the corporation to be owned during the following year, wherever located, is						
9.	(a) An estimate of the gross amount of business to be transacted by the corporation during the following year is no changes						
	(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 \$no shanges						
	(c) An estimate, expressed as a percentage, of the proportion that the gross amount of business to be transacted by the corporation at or from places of business in this state during the following year bears to the gross amount thereof which will be transacted by the corporation during the following year is no changes %. [divide (b) by (a) and multiply by 100 to obtain the percentage]						
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.	Thi wh	s Application for Amended C ich shall be по later than the	ertificate of Authority s 90 th day after the date	shall be effective upon for of this filing	iling unless a specified date is provided		
			xe Xoi	ramined this Application cluding any accomp	ry, I declare and affirm that I have n for Amended Certificate of Authority, anying attachments, and that all ein are true and correct.		
Date	e: _	1/11/2012		Signature of Avit	Officer of the Corporation		
				-	son Secretary and Treasurer		