

TRADEMARK ASSIGNMENT

Electronic Version v1.1
 Stylesheet Version v1.1

SUBMISSION TYPE:	NEW ASSIGNMENT		
NATURE OF CONVEYANCE:	CHANGE OF NAME		
CONVEYING PARTY DATA			
Name	Formerly	Execution Date	Entity Type
G.A.P. ADVENTURES INC.		09/29/2011	CORPORATION: CANADA
RECEIVING PARTY DATA			
Name:	G ADVENTURES INC.		
Street Address:	19 Charlotte Street		
Internal Address:	2nd Floor		
City:	Toronto, Ontario		
State/Country:	CANADA		
Postal Code:	M5V2H5		
Entity Type:	CORPORATION: CANADA		
PROPERTY NUMBERS Total: 3			
Property Type	Number	Word Mark	
Serial Number:	85194850	THE GREAT ADVENTURE PEOPLE	
Serial Number:	85234200	WANDERERS IN RESIDENCE	
Serial Number:	85401451	G ADVENTURES	
CORRESPONDENCE DATA			
Fax Number:	(212)218-2200		
Phone:	212 218 2100		
Email:	prazzano@fchs.com		
<i>Correspondence will be sent to the e-mail address first; if that is unsuccessful, it will be sent via US Mail.</i>			
Correspondent Name:	Pasquale A. Razzano		
Address Line 1:	1290 Avenue of the Americas		
Address Line 4:	New York, NEW YORK 10104-3800		
ATTORNEY DOCKET NUMBER:	04105.008000		
DOMESTIC REPRESENTATIVE			

900203585

**TRADEMARK
 REEL: 004634 FRAME: 0527**

CH \$90.00 85194850

Name: Pasquale A. Razzano
Address Line 1: 1290 Avenue of the Americas
Address Line 4: New York, NEW YORK 10104-3800

NAME OF SUBMITTER:	Pasquale A. Razzano
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Signature:	/Pasquale A. Razzano/
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Date:	10/03/2011
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Total Attachments: 2

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6. The amendment has been duly authorized as required by sections 168 and 170 (as applicable) of the *Business Corporations Act*.
La modification a été dûment autorisée conformément aux articles 168 et 170 (selon le cas) de la *Loi sur les sociétés par actions*.
7. The resolution authorizing the amendment was approved by the shareholders/directors (as applicable) of the corporation on
Les actionnaires ou les administrateurs (selon le cas) de la société ont approuvé la résolution autorisant la modification le

2011/09/28

(Year, Month, Day)
(année, mois, jour)

These articles are signed in duplicate.
Les présents statuts sont signés en double exemplaire.

G.A.P. ADVENTURES INC.

(Print name of corporation from Article 1 on page 1)
(Veuillez écrire le nom de la société de l'article un à la page une).

By/
Par :

(Signature)
(Signature)



Bruce Poon Tip

Director

(Description of Office)
(Fonction)