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SEGRETARY OF STATES OF CORPOR ATTIONS

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COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPOR	Atlantic Po	int Realty, Inc.	
DOCUMENT NUMB	D0400015004		
The enclosed Articles	of Amendment and fee are su	ibmitted for filing.	
Please return all corres	pondence concerning this ma	tter to the following:	
		Alice Acosta	
•		Name of Contact Person	4 (1) (2) (2) (2)
	Atle	intic Point Real	ry & Vertical Job Portal Broup, INC.
	662	5 Miami Lakes D)rive
-	002	Address	
	Mi	ami Lakes, FL 3	3014
•		City/ State and Zip Code	
	ام	:0717@	
·····		ice0717@me.co	
	L-man address. (to be d	sed for future annual report	inotifications
For further information	concerning this matter, plea	se call:	
Alic	e Acosta	at (954	, 630-6588
Name of Contact Person			de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	rtment of State:
■ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Ame Divis	ling Address Indment Section Ission of Corporations Box 6327	Amend Division	Address ment Section n of Corporations Building

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Incorporation of

Atlantic Point Realty, Inc.

(Name of Corporation as currently filed with the Flo	orida Dept. of State)
P040001599	47
(Document Number of Corporation (if I	known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this Faits Articles of Incorporation:	lorida Profit Corporation adopts the following amendment(s
A. If amending name, enter the new name of the corporation:	
VerticalJobPortal Gro	oup, Inc.
name must be distinguishable and contain the word "corporation, "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Coword "chartered," "professional association," or the abbreviation "P.	" "company," or "incorporated" or the abbreviation o". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	6625 Miami Lakes Drive
(Principal office address MUST BE A STREET ADDRESS)	Miami Lakes, FL 33014
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	6625 Miami Lakes Drive
	Miami Lakes, FL 33014
D. If amounting the registered agent and/or registered office address	ro in Florida, outou the name of the
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address:	ss in Florida, enter the name of the
Name of New Registered Agent	
6625 Miami Lake	es Drive
(Florida stree	· · · · · · · · · · · · · · · · · · ·
New Registered Office Address: Miami Lakes	, Florida 33014
(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with	th and accept the obligations of the position.
NA	
Signature of New Registered Ag	ent, if changing

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be <math>PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add Remove	 		
2) Change Add Remove			
3) Change Add Remove			
4) Change Add Remove			
5) Change Add Remove			
6) Change Add Remove			

If amending or addin (attach additional shee	g additional Artic ets, if necessary).	(Be specific)	as) nere:		
UA					
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	<u> </u>				
	·				•

If an amendment proprovisions for imple (if not applicable	menting the amend	nge, reclassificated	tion, or cancellate tained in the am	tion of issued she endment itself:	ares,
		 		··· · · · · · · · · · · · · · · · · ·	
		<u> </u>			
					

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The date of each amendmen	t(s) adoption: <u>04/2//2012</u>
Effective date <u>if applicable</u> :	04/27/2012
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
	re adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.
	re approved by the shareholders through voting groups. The following statement ed for each voting group entitled to vote separately on the amendment(s):
"The number of votes	s cast for the amendment(s) was/were sufficient for approval
by	(voting group)
action was not required.	re adopted by the board of directors without shareholder action and shareholder
action was not required.	re adopted by the incorporators without shareholder action and shareholder
_{Dated} 04/	26/2012
Signature_	Phie Arote
Se	By a director, president or other officer – if directors or officers have not been elected, by an incorporator – if in the hands of a receiver, trustee, or other court popointed fiduciary by that fiduciary)
	Alice Acosta
	(Typed or printed name of person signing)
	President
	(Title of person signing)