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Florida Department of State

Division of Corporations Public Access System

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COR AMND/RESTATE/CORRECT OR O/D RESIGN

ALPHALOG CORPORATION

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Articles of Amendment Articles of Incorporation

ALPHALOG CORPORATION

(Name of Corporation as current	ly filed with the Florid	a Dept. of State)	
P0800	00041261		
(Document Number	er of Corporation (if kno	own)	
Pursuant to the provisions of section 607.1006, amendment(s) to its Articles of Incorporation:	Florida Statutes, this F	lorida Profit Corporation	adopts the following
A. If amending name, enter the new name of the	ie corporation:		
			The new
name must be distinguishable and contain the abbreviation "Corp.," "Inc.," or Co.," or the dename must contain the word "chartered," "profes	esignation "Corp." "Inc	" or "Co" A profession	vorated" or the mal corporation
B. Enter new principal office address, if applic			
(Principal office address MUST BE A STREET.	ADDRESS)		AEC 69
·			AR B
·			
C. Enter new mailing address, if applicable:			SEC L
(Mailing address MAY BE A POST OFFICE	BOX	 .	
t			SPA CO
,			
D. If amending the registered agent and/or reg	istered office address i	n Florida Anter the nam	a af tha
new registered agent and/or the new registe	red office address:	M A ADAINM CALL THE MEM	<u> </u>
Name of New Registered Agent:		•	
		· · · · · · · · · · · · · · · · · · ·	
New Registered Office Address:	(Florida street a	addrage)	
	(1.10, mm at eet e	uur ess;	
<u> </u>	17:	, Florida_	
·	(City)	(Zip Code)	
New Registered Agent's Signature, if changing	Registered Agent:		
I hereby accept the appointment as registered age	nt. I am familiar with a	and accept the obligations	of the position.
Sign	ature of New Registered	d Agent, if changing	

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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)

_APT 202B	Add Remove
	Add Remove
	Add Remove
E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)	
F. If an amendment provides for an exchange, reclassification, or cancellation of issued provisions for implementing the amendment if not contained in the amendment itself (if not applicable, indicate N/A)	<u>shares.</u> f:

05/20/2009 17:10 9547827952

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The date of each amendment(s) a	loption: 05/20/2009
Effective date if applicable:	
(no	more than 90 days after amendment file date)
•	
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were ac by the shareholders was/were s	opted by the shareholders. The number of votes cast for the amendment(s) ifficient for approval.
The amendment(s) was/were an must be separately provided for	proved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):
The number of votes cast	for the amendment(s) was/were sufficient for approval
by	, n
(vo	ing group)
The amendment(s) was/were as action was not required.	opted by the board of directors without shareholder action and shareholder
The amendment(s) was/were as action was not required.	opted by the incorporators without shareholder action and shareholder
Dated 05/20/2	009
Signature i	ilherme Leveira da Selva
(By á d	rector, president or other officer - if directors or officers have not been
	, by an incorporator — if in the hands of a receiver, trustee, or other courted fiduciary by that fiduciary)
4	
	GUILHERME F. DA SILVA
	(Typed or printed name of person signing)
·	SECRETARY
-	(Title of person signing)