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COVER LETTER

TO: Amendment Section **Division of Corporations** NAME OF CORPORATION: BETABSTRACT. COM, INC. DOCUMENT NUMBER: 7000000 2347 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: MARCEL D. FERAUD Name of Contact Person Firm/ Company 201 S. BISCAYNE BLW. MIAMI CENTER SUITE 905 MIAMI, FL 33131
City/ State and Zip Code marcel fenand of yello. wm For further information concerning this matter, please call: MARCEL D. FERAUN at (305) 773 6740

Name of Contact Person Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: \$52.50 Filing Fee ☐\$43.75 Filing Fee & ☐\$43.75 Filing Fee & ☐ \$35 Filing Fee Certified Copy Certificate of Status Certificate of Status (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed) **Street Address** Mailing Address **Amendment Section** Amendment Section

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Clifton Building

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

Articles of Amendment to Articles of Incorporation

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of

GET ABSTRACT. COM, INC.

(Name of Corporation as currently filed with the Florida Dept. of State)

F000000 2347

(Document Number of Corporation (if known)

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

GETABSTRACT, INC.			The new
name must be distinguishable and contain abbreviation "Corp.," "Inc.," or Co.," or th name must contain the word "chartered," "pr	ne designation "Ĉ	orp, " "Inc," or "Co	". A professional corporation
B. Enter new principal office address, if ap (Principal office address MUST BE A STRE.		NA	
 C. Enter new mailing address, if applicable (Mailing address MAY BE A POST OFF) D. If amending the registered agent and/or new registered agent and/or the new reg 	TCE BOX) registered office		enter the name of the
Name of New Registered Agent:	N//	-	
	NI		
New Registered Office Address:	(Flori	da street address)	
	(City)		Florida N/4
	(City)		(Zip Code)
New Registered Agent's Signature, if chang I hereby accept the appointment as registered			the obligations of the position.
	NA		
	Signature of New	Registered Agent, if	changing

If simending 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) Title Name Address Type of Act

<u>Title</u>	<u>Name</u>	Address	Type of Action
W/A			_
MA			
NA			
	ng or adding additional Articles, enter of itional sheets, if necessary). (Be specificational sheets)		1
provision	endment provides for an exchange, reclassion implementing the amendment if napplicable, indicate N/A)	nssification, or cancellation of into the amendment of th	titself:

The date of each amendment(s) adoption: 12/17/09 Effective date if applicable: 12/17/09 (no more than 90 days after amendment file date)
Effective date if applicable: 12/17/99
(no more than 90 days after amendment file date)
Adoption of Amendment(s) (CHECK ONE)
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for 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" (voting group)
(voting group)
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.
Dated_12/17/09
Signature
selected, by an incorporator if in the hands of a receiver, trustec, or other court appointed fiduciary by that fiduciary)
THOMAS BERGEN
(Typed or printed name of person signing)
CHAIRMAN AND CHIEF EYECUTIVE OFFICER (Title of person signing)
(Title of person signing)