

F07000005795

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

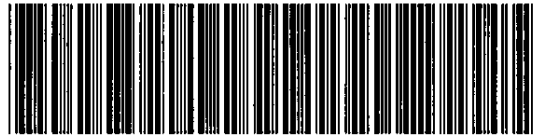
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



500156070915

*Name Change  
Amended*

05/19/09--01021--011 \*\*35.00

**FILED**  
2009 MAY 19 AM 9:02  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*AOR  
5/22/09*

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Hands On Video Relay Services, Inc.  
(Name of Corporation)

**DOCUMENT NUMBER:** F07000005795

The enclosed Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Marlinda O. Hinojosa  
(Name of Contact Person)

(Firm/Company)

4907 Avenue H  
(Address)

Austin, TX 78751  
(City/State and Zip Code)

For further information concerning this matter, please call:

Marlinda Hinojosa at (512) 788 - 4815  
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:



\$35.00 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)

**Mailing Address:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**PROFIT CORPORATION**  
**APPLICATION BY FOREIGN PROFIT CORPORATION TO FILE AMENDMENT TO**  
**APPLICATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA**

(Pursuant to s. 607.1504, F.S.)

**SECTION I**  
**(1-3 MUST BE COMPLETED)**

\_\_\_\_\_  
(Document number of corporation (if known))

1. Hands On Video Relay Services, Inc.

\_\_\_\_\_  
(Name of corporation as it appears on the records of the Department of State)

2. Delaware

\_\_\_\_\_  
(Incorporated under laws of)

3. 11/26/2007

\_\_\_\_\_  
(Date authorized to do business in Florida)

**FILED**  
**2009 MAY 19 AM 9:02**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

**SECTION II**  
**(4-7 COMPLETE ONLY THE APPLICABLE CHANGES)**

4. If the amendment changes the name of the corporation, when was the change effected under the laws of its jurisdiction of incorporation? March 16, 2009

5. Purple Language Services Co.

\_\_\_\_\_  
(Name of corporation after the amendment, adding suffix "corporation," "company," or "incorporated," or appropriate abbreviation, if not contained in new name of the corporation)

\_\_\_\_\_  
(If new name is unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

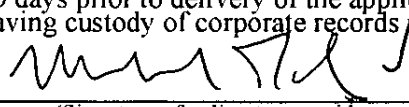
6. If the amendment changes the period of duration, indicate new period of duration.

\_\_\_\_\_  
(New duration)

7. If the amendment changes the jurisdiction of incorporation, indicate new jurisdiction.

\_\_\_\_\_  
(New jurisdiction)

8. Attached is a certificate or document of similar import, evidencing the amendment, authenticated not more than 90 days prior to delivery of the application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the laws of which it is incorporated.

  
\_\_\_\_\_  
(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)

Michael J. Pendergast

\_\_\_\_\_  
(Typed or printed name of person signing)

Secretary

\_\_\_\_\_  
(Title of person signing)

# Delaware

PAGE 1

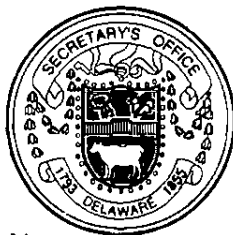
*The First State*

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF AMENDMENT OF "HANDS ON VIDEO RELAY SERVICES, INC.", CHANGING ITS NAME FROM "HANDS ON VIDEO RELAY SERVICES, INC." TO "PURPLE LANGUAGE SERVICES CO.", FILED IN THIS OFFICE ON THE SIXTEENTH DAY OF MARCH, A.D. 2009, AT 6:48 O'CLOCK P.M.

3584270 8100

090358941

You may verify this certificate online  
at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)



  
Jeffrey W. Bullock, Secretary of State  
AUTHENTICATION: 7243057

DATE: 04-14-09

State of Delaware  
Secretary of State  
Division of Corporations  
Delivered 06:48 PM 03/16/2009  
FILED 06:48 PM 03/16/2009  
SRV 090272131 - 3584270 FILE

**CERTIFICATE OF AMENDMENT  
OF  
CERTIFICATE OF INCORPORATION  
OF  
HANDS ON VIDEO RELAY SERVICES, INC.**

\* \* \* \* \*

Hands On Video Relay Services, Inc., a corporation organized and existing under and by virtue of the General Corporation Law of the State of Delaware,

DOES HEREBY CERTIFY:

FIRST: That the Board of Directors of said corporation, by the unanimous written consent of its members, filed with the minutes of the Board of Directors, adopted a resolution proposing and declaring advisable the following amendment to the Certificate of Incorporation of said corporation:

"RESOLVED, that the Certificate of Incorporation of Hands On Video Relay Services, Inc. be amended by amending the Article numbered "First" in it's entirety, relating to the name of the corporation, said Article shall be and read as follows:

First: The name of corporation is Purple Language Services Co."

SECOND: That in lieu of a meeting and vote of stockholders, the stockholders have given unanimous written consent to said amendment in accordance with the provisions of Section 228 of the General Corporation Law of the State of Delaware.

THIRD: That the aforesaid amendment was duly adopted in accordance with the applicable provisions of Sections 242 and 228 of the General Corporation Law of the State of Delaware.

IN WITNESS WHEREOF, said Hands On Video Relay Services, Inc. has caused this certificate to be signed by Michael J. Pendergast, its Secretary, this 16<sup>th</sup> day of March, 2009.

**HANDS ON VIDEO RELAY SERVICES, INC.**

By:   
Michael J. Pendergast, Secretary