# P080000173/4

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SECRETARY OF STATE
ALLAHASSEE, FLORIDA

Amend 6/3/09

## COVER LETTER -

-TO: Amendment Section
Division of Corporations

Certificate of Status  Certified Copy (Additional copy is enclosed)  Certificate of Status Certified Copy (Additional Copy is enclosed)  Certified Copy (Additional Copy is enclosed)  Mailing Address  Amendment Section Division of Corporations P.O. Box 6327  Certificate of Status Certified Copy (Additional Copy is enclosed)  Certificate of Status Certified Copy (Additional Copy is enclosed)  Certificate of Status Certified Copy (Additional Copy is enclosed)  Certificate of Status Certified Copy (Additional Copy is enclosed)	NAME OF COR	PORATION:	Northpoint Systems In	<u>c</u>	
Edward Monahan	DOCUMENT NU	UMBER:	P08000017314		
Edward Monahan  Name of Contact Person  Monahan Mijares CPA PA  Firm/ Company  2519 Galiano Street, Ste. 703  Address  Coral Gables, FL 33134  City/ State and Zip Code  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  Edward Monahan  Name of Contact Person  at ( 305 ) 407-1438  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:  [] \$35 Filing Fee	The enclosed Artic	cles of Amendment and fee	are submitted for filing.		
Monahan Mijares CPA PA  Firm/ Company  2519 Galiano Street, Ste. 703  Address  Coral Gables, FL 33134  City/ State and Zip Code  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  Edward Monahan  Name of Contact Person  at ( 305 ) 407-1438  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:  [] \$35 Filing Fee  Certificate of Status  Certified Copy (Additional copy is enclosed)  Mailing Address  Amendment Section Division of Corporations P.O. Box 6327  Clifton Building	Please return all co	orrespondence concerning th	is matter to the following:		
Monahan Mijares CPA PA   Firm/ Company		Edward Monahan			
Stimp Fee		I	Name of Contact Person		
2519 Galiano Street, Ste. 703   Address		Mon			
Coral Gables, FL 33134  City/ State and Zip Code  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  Edward Monahan  at ( 305 ) 407-1438  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:    \$35 Filing Fee			Firm/ Company	<del></del>	
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For further information concerning this matter, please call:    Edward Monahan					
Edward Monahan  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:   □ \$35 Filing Fee  □ \$43.75 Filing Fee & □ \$43.75 Filing Fee & □ \$52.50 Filing Fee Certificate of Status  □ \$43.75 Filing Fee & □ \$52.50 Filing Fee & □ \$52.50 Filing Fee Certificate of Status  □ \$43.75 Filing Fee & □ \$63.75 Filing Fee & □ \$63.7		E-mail address: (to be use	ed for future annual report notification)		
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:   \$\sum_{\text{\$\frac{1}{3}}}\$\$ Filing Fee & \$\sum_{\text{\$\frac{1}{3}}}\$\$ Filing Fee & \$\sum_{\text{\$\frac{1}{3}}}\$\$ Certified Copy Certificate of Status (Additional copy is enclosed)   **Mailing Address**  Amendment Section  Division of Corporations  P.O. Box 6327   Area Code & Daytime Telephone Number   Area Code & Daytime Telephone Number   Attach  State:  \$\$52.50 Filing Fee  Certificate of Status  Certified Copy  (Additional Copy is enclosed)  Certified Copy  (Additional Copy is enclosed)  Certified Copy  (Additional Copy is enclosed)  Certified Copy  (Certified Copy  (Additional Copy is enclosed)  Certified Copy  (Additional Copy is enclosed)	For further inform	ation concerning this matter	, please call:		
Enclosed is a check for the following amount made payable to the Florida Department of State:    \$35 Filing Fee					
☐ \$35 Filing Fee ☐ \$43.75 Filing Fee & ☐ \$43.75 Filing Fee & ☐ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed)  Mailing Address Amendment Section Amendment Section Division of Corporations P.O. Box 6327 Clifton Building	Name	of Contact Person	Area Code & Daytime Tele	phone Number	
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Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 Cliffon Building			Certified Copy	Certificate of Status	
Tallahassee, FL 32314 2661 Executive Center Circle	Amendmen Division of P.O. Box 6	nt Section Corporations 327	Amendment Section Division of Corporations		

Tallahassee, FL 32301

# Articles of Amendment to Articles of Incorporation

# Northpoint Systems Inc.

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

## P08000017314

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	4 4 5 5 5	mendment sorporation  ALECARIA ANII. 40  the Florida Dept. of State  tion (if known)
	Articles of A	mendment
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	of	Se Se Se
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	point Systems	the Bladd Barrell Branch State Control of the Bladd Branch State Control of the Branch State Control of th
(Name of Corporation as cu	irrently filed with	the Florida Dept. of State)
	<u>08000017314</u>	
(Document N	Number of Corporat	cion (if known)
ursuant to the provisions of section 607.1 mendment(s) to its Articles of Incorporation		tes, this Florida Profit Corporation adopts the following
. If amending name, enter the new nam	e of the corporatio	on:
	N/A	The new
iame must be distinguishable and contai abbreviation "Corp.," "Inc.," or Co.," or ame must contain the word "chartered," "	the designation "C	poration," "company," or "incorporated" or the Corp," "Inc," or "Co". A professional corporation ation," or the abbreviation "P.A."
. Enter new principal office address, if a		701 Brickell Avenue Ste. 1505
Principal office address <u>MUST BE A STR</u>	<u>EET ADDRESS</u> )	Miami, Fl. 33131
		Wildliff, FL 33131
Enter new mailing address, if applical	hlas	
(Mailing address MAY BE A POST OF		701 Brickell Avenue Ste. 1505
	<del></del>	
		Miami. FL 33131
		address in Florida, enter the name of the
new registered agent and/or the new re	egistered office ad	dreas:
Name of New Registered Agent:	N/A	
· <del></del> · <del></del>		
New Registered Office Address:	(Flor	ida street address)
AND ADDISON OF OFFICE AND COS.	(1 10)	man or ver when only
		, Florida
	(City)	(Zip Code)
ew Registered Agent's Signature, if char	iging Registered A	vent:
hereby accept the appointment as registere	d agent. I am fam.	iliar with and accept the obligations of the position.
_	Signature of Nov	Pagintanad Agent if changing

Signature of New Registered Agent, 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)

Title	<u>Name</u>	Address	Type of Action
N/A			
·			
E. <u>If amenc</u> (a <i>ttach ad</i>	ling or adding additional Articles, endiditional sheets, if necessary). (Be spe	ter change(s) here:	
N/A			
<del> </del>			
provisio	nendment provides for an exchange, in the smendment of applicable, indicate N/A)		
N/A			

The date of each amendmen	t(s) adoption: <u>5/26/09</u>	
Effective date if applicable:	N/A	
	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/we by the shareholders was/w	ere adopted by the shareholders. The number of votes cast for the amendment(s) were sufficient for approval.	
The amendment(s) was/we must be separately provide	ere 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	cast for the amendment(s) was/were sufficient for approval	
by	"	
	(voting group)	
action was not required.	ere adopted by the board of directors without shareholder action and shareholder ere adopted by the incorporators without shareholder action and shareholder	
action was not required.		
Dated	5/29/09	
Signature_		
sele	y a director, president or other officer – if directors or officers have not been ected, by an incorporator – if in the hands of a receiver, trustee, or other court pointed fiduciary by that fiduciary	
	Norman dopper	
	(Typed or print themse of person signing)	
	/ President	
	(Title of person signing)	