P08000198745

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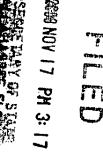
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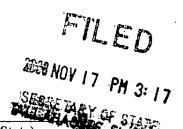
COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Absolute Software Solutions, Inc.			+
DOCUMENT NUM	BER: <u>P08000098745</u>		
The enclosed Articles	of Amendment and fee a	re submitted for filing.	
Please return all corre	spondence concerning thi	is matter to the following:	
		han J. Ellis, MBA	
	(Name	of Contact Person)	
		te Software Solutions, Inc.	***
	(Fir	rm/ Company)	
		Sheldon Rd., #1202	
	,	(Address)	
		impa, FL 33615 tate and Zip Code)	
For further information	on concerning this matter,		
Nathan J. Ellis	Contact Person)	at (<u>813</u>) <u>270-497</u> (Area Code & Daytim	7
·	ŕ	nade payable to the Florida De	•
₹ 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)
Mailing Adda Amendment S Division of Co P.O. Box 6327	ection orporations	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center C	

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of



Absolute Software Solutions, Inc.

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

(Document Number	r of Comoration (if known)	
	or corporation (if known)	
muant to the provisions of section 607.1006, I owing amendment(s) to its Articles of Incorpora		ofit Corporation adopts
If amending name, enter the new name of the	e corporation:	
solute Information Services, Inc.		
new name must be distinguishable and corporated" or the abbreviation "Corp.," "In". A professional corporation name nation, or the abbreviation "P.A."	nc.," or Co.," or the designation	on "Corp," "Inc," or
Enter new principal office address, if applica ncipal office address <u>MUST BE A STREET A</u>		····
		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	ROV)	
MAI BEATOST OFFICE	<u></u>	
	_	-
f amending the registered agent and/or regis	stered office address in Florida,	enter the name of the
new registered agent and/or the new register		
Name of New Registered Agent:		
New Registered Office Address:	(Florida street address)	
		, Florida
	(City)	(Zip Code)
Registered Agent's Signature, if changing I	Radistarad Adanti	
reby accept the appointment as registered ag		ccept the obligations of
tion.		

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)

<u>Title</u>	<u>Name</u>	Address	Type of Action

		<u> </u>	☐ Add Remove
	ding or adding additional Articles, additional sheets, if necessary). (Be		
provis	mendment provides for an exchang ions for implementing the amendment applicable, indicate N/A)		

The date of each amendmen	t(s) adoption: 11/11/2008
Effective date if applicable:	11/11/2008
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
	ere adopted by the shareholders. The number of votes cast for the amendment(s) were sufficient for approval.
	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)
	(voting group)
The amendment(s) was/we action was not required.	ere adopted by the board of directors without shareholder action and shareholder
The amendment(s) was/we action was not required.	ere adopted by the incorporators without shareholder action and shareholder
Dated 11/1	1/2008
Signature	
	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)
r r	
	Nathan J. Ellis, MBA
	(Typed or printed name of person signing)
	Director
	(Title of person signing)