# P10000061105

(Re	questor's Name)	
(Ad	dress)	
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(Cit	ty/State/Zip/Phon	e #)
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(Do	ocument Number	)
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SECRETARY OF STATE
STATES OF CORPORATIONS

AUG 5 2016

C LEWIS

### **COVER LETTER**

TO: Amendment Section
Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION: COM	1POR COMMUNICATIONS HO	OLDING INC.			
DOCUMENT NUMBER: P0000061	105				
The enclosed Articles of Amendment					
Please return all correspondence conce	erning this matter to the followin	g:			
JOSE MARIA	CARNEIRO DA CUNHA				
	Name of Conta	ct Person			
-	Firm/ Company				
1900 SW 3RD	AVENUE				
	Address				
MIAMI, FL 33	129				
·	City/ State and	Zip Code			
JMCCINTLAW@YA	AHOO.COM				
E-mail add	lress: (to be used for future annua	al report notification)			
For further information concerning this	s matter, please call:				
JOSE MARIA CARNEIRO DA CUN	IHA at (	858-1099			
Name of Contact Perso	on .	Area Code & Daytime Telephone Number			
Enclosed is a check for the following a	amount made payable to the Flor	ida Department of State:			
	Filing Fee & Status   Status   Status   Certified Copy (Additional conclosed)	Certificate of Status			
Mailing Address Amendment Section Division of Corporat P.O. Box 6327		Street Address Amendment Section Division of Corporations Clifton Building			

2661 Executive Center Circle Tallahassee, FL 32301

FILLED SECRETARY OF STATE DIVISION OF CORPORATION

## Articles of Amendment to 2016 JUL 29 PM 3: 39 Articles of Incorporation

COMPOR COMMUNICATIONS HOLDING INC.

(Name of Corporation	on as currently filed with the Florida Dept. of State)
P0000061105	
(Docum	nent Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Floridatis Articles of Incorporation:	a Statutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the co	rporation:
	The new
	d "corporation," "company," or "incorporated" or the abbreviation ""Inc," or "Co". A professional corporation name must contain the abbreviation "P.A."
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET ADD	
C. Francisco W. Albert W. C. L.	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u> </u>
D. If amending the registered agent and/or register new registered agent and/or the new registered	ed office address in Florida, enter the name of the office address:
Name of New Registered Agent	
<del></del>	(Florida street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Reg	
I hereby accept the appointment as registered agent.	I am familiar with and uccept the obligations of the position.
Sign	ature of New Registered Agent, if changing

of



### 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)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be <math>PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	<u>PT</u>	John Doc	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check Onc)	Title	Name	Address
1) Change	PST	LAURO FONTOURA	115 FRANKLIN TPKE
Add X Remove			MAHWAH, NJ 09430
2) Change	PSTD	JOAO ALBERTO ROMBOLI	R.JOSE DA SILVA RIBEIRO, 576
X Add			3 ANDAR, APT.35, VL. ANDRAD
Remove			SAO PAULO,BRAZIL 05726-130
3) Change			
Add			
Remove			
4) Change	·*····································	<u> </u>	<del></del>
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			14-14-14-14-14-14-14-14-14-14-14-14-14-1
Remove			



e. <u>I</u>	amending or adding additional Articles, enter change(s) here:
(1	attach additional sheets, if necessary). (Be specific)
-	
_	
	,
_	
11	an amendment provides for an exchange, reclassification, or cancellation of issued shares,
j	provisions for implementing the amendment if not contained in the amendment itself:  (if not applicable, indicate N/A)
	(g. m. approximation (m.)
_	



#### FILED SEURETARY OF STATE DIVISION OF CORPORATION

The date of each amendment(s) adoption:	2016 JUL 29	LW 2: 22	_, if other than the
date this document was signed.			
Effective date if applicable:			·
(no more tha	n 90 days after amendment file	e date)	
Note: If the date inserted in this block does not meet the ap- document's effective date on the Department of State's records		ements, this date w	ill not be listed as the
Adoption of Amendment(s) (CHECK ONE)			
☐ The amendment(s) was/were adopted by the shareholders. by the shareholders was/were sufficient for approval.	The number of votes cast for the	ne amendment(s)	
☐ The amendment(s) was/were approved by the shareholders a must be separately provided for each voting group entitled			
"The number of votes cast for the amendment(s) was/			
by	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
(voting group)			
■ The amendment(s) was/were adopted by the board of direct action was not required.		and shareholder	
☐ The amendment(s) was/were adopted by the incorporators vaction was not required.	without shareholder action and	shareholder	
06/01/2016 Dated	Antony	•	
Signature (By a director, president or other	fficer - if directors or officers	have not been	<del></del>
selected, by an incorporator - if in		ec, or other court	
appointed fiduciary by that fiducia	ary)		
LAURO FONTOURA			
(Typed or print	ted name of person signing)		<del>-</del>
PRESIDENT			
	itle of person signing)		