# P1100027691

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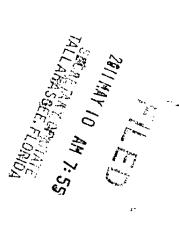
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#### **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF COR	PORATION:	Interalive Corp	<del>/</del>
DOCUMENT N	J <b>MBER:</b>	P11000027691	
The enclosed Arti	cles of Amendment and fee a	are submitted for filing.	
Please return all c	orrespondence concerning th	is matter to the following:	
		Elvis D Salvador	
	ľ	Name of Contact Person	
		Firm/ Company	<del></del>
	10	0901 NW 83 Street # 20	5
		Address	
	C	Doral, FI 33178 City/ State and Zip Code	
	E-mail address: (to be use	ed for future annual report notification)	·
For further inform	ation concerning this matter,		
E	Ivis D Salvador	at ( 305 ) 2	05-87-76
Name of Contact Person		Area Code & Daytime Te	lephone Number
Enclosed is a chec	k for the following amount n	nade payable to the Florida Depar	tment of State:
☑ \$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 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 Circ	le

Tallahassee, FL 32301

### **Articles of Amendment Articles of Incorporation**

#### INTERALIVE CORP

#### P11000027691

•			
,	Articles of Amendme	nent  Ation  20//HAY 10  AN 7	
	Articles of Incorporat	ation	- <sub>a</sub> r.
•	of	COLLAD	6,1
INTER	RALIVE CORP	TO AM.	
(Name of Corporation as curr	ently filed with the Flor	orida Dept. of State)	• 5
P11	000027691	OSEE. FILLY	`.~`
(Document Num	mber of Corporation (if k	known)	4
ursuant to the provisions of section 607.100 nendment(s) to its Articles of Incorporation:	6, Florida Statutes, this	s Florida Profit Corporation adopts the following	ing
. If amending name, enter the new name o	f the corporation:		
		The new n," "company," or "incorporated" or the	
. Enter new principal office address, if app Principal office address <u>MUST BE A STREE</u>			
Enter new mailing address, if applicable (Mailing address MAY BE A POST OFFICE)			
If amending the registered agent and/or r new registered agent and/or the new regis		ss in Florida, enter the name of the	
Name of New Registered Agent:		<del></del>	
New Registered Office Address:	(Florida street	et address)	
		Florida	
	(City)	(Zip Code)	
w Registered Agent's Signature, if changing	ng Registered Agent		
ereby accept the appointment as registered a		th and accept the obligations of the position.	
	ignature of New Register	eved 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
P	ANTONIO COUTO	7254 NW 113 Place DORAL, FL 33166	☐ Add ☑ Remove
<u>P</u>	NORMAN COSTA	7254 NW 113 Place DORAL FL 33166	☑ Add ☐ Remove
<u>VP</u>	BRAZIL TECHNOLOGY	AV SANTO AMARO 3330 CJ43 BROOKLIN, S PAULO BRAZIL	☑ Add □ Remove
	ding or adding additional Articles, endeditional sheets, if necessary). (Be specified)		
<u>provisi</u>	nendment provides for an exchange, in the substitution of the subs	eclassification, or cancellation of issuif not contained in the amendment it	<u>ied shares,</u> self:
	N/A		
<del></del>			

The date of each amendment	(s) adoption: Ma	ay 4, 2011
, Effective date <u>if applicable</u> :		(date of adoption is required)
<u></u>	(no mor	e than 90 days after amendment file date)
Adoption of Amendment(s)	(CH	ECK ONE)
The amendment(s) was/we was/were sufficient for app		members and the number of votes cast for the amendment(s)
There are no members or radopted by the board of dir		o vote on the amendment(s). The amendment(s) was/were
hav	the chairman or ve not been selecte	te chairman of the board, president or other officer-if directors d, by an incorporator – if in the hands of a receiver, trustee, or fiduciary by that fiduciary)
	(Typ	Ded or printed name of person signing)  OCASILEAT  (Title of person signing)  Notac Public State of Florida  EWis D Salvador  My Commission DD767796  Expires 04/05/2012  Page 3 of 3