

2018-04-25 15:16
4/25/2018

850 617 6381
Division of Corporations

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P11000034013

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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INTERCOMMERCE GROUP, INC**

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April 26, 2018

FLORIDA DEPARTMENT OF STATE
Division of Corporations

INTERCOMMERCE GROUP, INC
4700 NW 2ND AVE
202
BOCA RATON BLVD, FL 33431

SUBJECT: INTERCOMMERCE GROUP, INC
REF: P11000034013

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

The document submitted does not meet legibility requirements for electronic filing. Please do not attempt to refile this document until the quality has been improved.

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Claretha Golden
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P 3/7
H 18 00013 08013
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Articles of Amendment
to
Articles of Incorporation
of

2018 MAY -1 AM 9:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

INTERCOMMERCE GROUP, INC

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

P11000034013

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

ACL - CONNECTING WORLD, INC

The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

B. Enter new principal office address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

N/A

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

N/A

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent

N/A

(Florida street address)

New Registered Office Address:

(City)

, Florida

(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

Type of Action (Check One)	Title	Name	Address
1) ☐ Change ☒ Add ☐ Remove	D	CAMILA P. M. H. BATISTA	4700 NW BOCA RATON BLVD STE 202 BOCA RATON, FL 33431
2) ☐ Change ☐ Add ☐ Remove			
3) ☐ Change ☐ Add ☐ Remove			
4) ☐ Change ☐ Add ☐ Remove			
5) ☐ Change ☐ Add ☐ Remove			
6) ☐ Change ☐ Add ☐ Remove			

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N/A

N/A

2018-05-01 15:16

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1100000000

The date of each amendment(s) adoption: _____, if other than the date this document was signed.

Effective date if applicable: _____
(no more than 90 days after amendment file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s) (CHECK ONE)

☒ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.

☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided 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)

☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.

☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Dated 04/24/2018

Signature

(By a director, president or other officer. If directors or officers have not been selected, by an incorporator. If in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

ALEXANDRE CABRAL

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)