P12000048788

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TO: Amendment Section

Ovision of Corporations

NAME OF CORPORATION: Innovation Busin	ness Process Outsourcing, Inc.
DOCUMENT NUMBER: P12000048788	
The enclosed Articles of Amendment and fee are	submitted for filing.
Please return all correspondence concerning this n	natter to the following:
Ricardo Banzoli Filho	
	Name of Contact Person
Innovation Business Proces	ss Outsourcing, Inc.
	Firm/ Company
11520 SW 97th St.	
	Address
Miami, FL 33176	
[]	City/ State and Zip Code
marcio.martins@ibonline.com.br	,
E-mail address: (to be	used for future annual report notification)
For further information concerning this matter, ple	așe call:
Marcio Fazzio Martins	at (305 994-9988
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	□\$43.75 Filing Fee & □\$52.50 Filing Fee Certified Copy Certificate of Status (Additional copy is enclosed) (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 Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

Innovation Business Process Outsourcing, Inc.			
(Name of Corporation as cur	rently filed with the Florida Dept. of State)		
P12000048788			
(Document Numb	ber of Corporation (if known)		
Pursuant to the provisions of section 607.1006, Florida Statutes, its Articles of Incorporation:	this Florida Profit Corporation adopts the following a	amendmen	t(s) to
A. If amending name, enter the new name of the corporation	<u>n:</u>		
	2	ei	
name must be distinguishable and contain the word "corpo "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," word "chartered," "professional association," or the abbreviat	oration," "company," or "incorporated" or the abb or "Co". A professional corporation name must co	The new previation intain the	
B. Enter new principal office address, if applicable:	` :		
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	\$÷		
	<u>~</u>	2-	77
		<u> ريڌ (</u>	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	11520 SW 97th St.	Yes 주 전 전 전 전 전 전 전 전 전 전 전 전 전 전 전 전 전 전 전	ED
		<u> </u>	
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office ade Name of New Registered Agent			
(Floric	da street address)		
New Registered Office Address:	City (Zip Cod	de)	
New Registered Agent's Signature, if changing Registered As the hereby accept the appointment as registered agent. I am familiate the second s	gent: liar with and accept the obligations of the position.		
Signature of N	lew Registered Agent, if changing		
II II			

Page 1 of 4

Executive Officer: CFO held. President, Treasu Changes should be note a change, Mike Jones la Mike Jones. V as Remo	ts, if neces director tit e Presiden D = Chief rer, Direct ed in the fo eaves the c	sary) le by the first letter it; T= Treasurer; S Financial Officer. tor would be PTD. ollowing manner. Corporation, Sally S	of the office title: = Secretary; D= Direct If an officer/director ho Currently John Doe is lis Smith is named the V and	olds more the ted as the PS	stee; C = Chairman or Clerk; CEO = Chief an one title, list the first letter of each office ST and Mike Jones is listed as the V. There is ould be noted as John Doe, PT as a Change,
Example: X Change	<u>PT</u>	John Doe			
X Remove	<u>V</u>	Mike Jones			
X Add	<u>\$V</u>	Sally Smith			
Type of Action (Check One)	<u>Title</u>	 <u>Name</u> 			<u>Addres</u> s
1)Change	S	 Marcio	Martins		11520 SW 97th St.
X Add					Miami, FL 33176
Remove					
2) Change					
Add					
Remove					
3) Change					
Add					
Remove					
4) Change		_		 .	
Add					
Remove					
5) Change					
Add					
Remove					
6) Change		_		<u> </u>	
Add					

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and

____ Remove

If amending or adding additional Article	es, enter change(s) here:
(Attach additional sheets, if necessary).	(Be specific)
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If an amendment provides for an exchan	nge; reclassification, or cancellation of issued shares,
provisions for implementing the amend	ment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
 	
	
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The date of each amendment(s) adoption: _ date this document was signed.	, if other than the
August 29th, 2 Effective date <u>if applicable</u> :	017
Note: If the date inserted in this block does document's effective date on the Department of	not meet the applicable statutory filing requirements, this date will not be listed as the of State's records.
Adoption of Amendment(s) (C	HECK ONE)
☐ The amendment(s) was/were adopted by the by the shareholders was/were sufficient for	e shareholders. The number of votes cast for the amendment(s) approval.
	he shareholders through voting groups. The following statement group entitled to vote separately on the amendment(s):
"The number of votes cast for the am	endiment(s) was/were sufficient for approval
by	oting group)
	e board of directors without shareholder action and shareholder
■ The amendment(s) was/were adopted by th action was not required.	e incorporators without shareholder action and shareholder
August 29th, 2017 Dated	
Signature	fr and
selected, by an in	esident or other officer – if directors or officers have not been corporator – if in the hands of a receiver, trustee, or other court ry by that fiduciary)
Marcio M	 artins
	(Typed or printed name of person signing)
Secretary	
 	(Title of person signing)
	i i