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SCORPAGE OF STATE
ALLAHASSES FLORIDA

(RM) 1-27-15

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	INFORCORP INC	_ <u></u>
DOCUMENT NUMBER:	P14000089220	<u>.</u> .
The enclosed Articles of Amenda	ment and fee are submitted for filing.	
Please return all correspondence	concerning this matter to the following:	
	JOSE THOMAS	
	Name of Contact Person	
·	THOMAS & COMPANY, CPA, PA	
	Firm/ Company	
	9710 STIRLING ROAD SUITE 101	
	Address	
	COOPER CITY, FL 33024	
	City/ State and Zip Code	
	JOSECPA@JTTCPA.COM	
E-ma	il address: (to be used for future annual report notification)	_

For further information concerning this matter, please call:

JOSE THOMAS , 435-7272 Area Code & Daytime Telephone Number Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: □\$43.75 Filing Fee & ■ \$35 Filing Fee □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status Certified Copy (Additional copy is (Additional Copy enclosed) 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 Articles of Incorporation

INFORCORP INC

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

D1/1000080220

nt(s) to

Г I *1	000009220		
(Document Number	of Corporation (if known)		
rsuant to the provisions of section 607.1006, Flor Articles of Incorporation:	ida Statutes, this <i>Florida Pro</i>	fit Corporation adopts the foll	lowing amend
If amending name, enter the new name of the INFOCORP INC	corporation:		The
ne must be distinguishable and contain the worp.," "Inc.," or Co.," or the designation "Cod" "professional association," or the	rp," "Inc," or "Co". A pro	ny," or "incorporated" or t fessional corporation name t	he abbrevia
Enter new principal office address, if applical		N/A	
incipal office address <u>MUST BE A STREET Al</u>			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE I	30X)	N/A	
If amending the registered agent and/or regis		da, enter the name of the	
new registered agent and/or the new register			
Name of New Registered Agent	N/A		
	(Florida street address)		
New Registered Office Address:		, Florida(Zip Coa	
	(City)	(Zip Coa	ie)
w Registered Agent's Signature, if changing Reereby accept the appointment as registered agent		ept the obligations of the posi	ition.
Constitute	Non Bouletoned Arout If the	m rainer	
Signature of	New Registered Agent, if cha	nging	

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 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 Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change		N/A	
Add			
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Attach additional sheets, if necessary).	(Be specific)
	N/A
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	Visit Control of the
	14 A A A A A A A A A A A A A A A A A A A
If an amendment provides for an excl	hange, reclassification, or cancellation of issued shares,
provisions for implementing the ame	endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
ŕ	
	N/A

The date of each amendment(s) adoption:	JANUARY 15, 2015	, if other than the
date this document was signed.	JANUARY 15, 2015	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
	(no more man 20 days after untenament file date)	
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.	
	the shareholders through voting groups. The following statement g group entitled to vote separately on the amendment(s):	
"The number of votes cast for the ame	endment(s) was/were sufficient for approval	
by		
(ve	oting group)	
The amendment(s) was/were adopted by the action was not required.	e board of directors without shareholder action and shareholder	
The amendment(s) was/were adopted by the action was not required.	e incorporators without shareholder action and shareholder	
DatedJANUARY 15	5, 2015	
Signature	Ak .	
	sident 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)	
	MARTIN NAOR	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	