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NC News 3-4-09



COVER LETTER

TO: Amendment Section **Division of Corporations**

NAME OF CORPORATION: ALpha La	iser Computer Supplie, Inc
DOCUMENT NUMBER: 294600	18764
The enclosed Articles of Amendment and fee are submit	tted for filing.
Please return all correspondence concerning this matter	to the following:
Cay A. Fration (Name of Contact	Person)
Alpha Laser Compa	
562 E. Woolbright	Ro Suite 103
BOYNTON Beach (City/ State and Z	ip Code)
For further information concerning this matter, please c	all:
(Name of Contact Person) at	(S()) 547-709/ (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount made pay	able to the Florida Department of State:
Certificate of Status	Additional copy is enclosed) \$52.50 Filing Fee Certified Copy Certified Copy (Additional Copy is enclosed) \$52.50 Filing Fee Certified Copy (Additional Copy is enclosed)
Amendment Section An Division of Corporations Div P.O. Box 6327 Cli	reet Address nendment Section vision of Corporations fton Building 61 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment

to

	ncorporation	0, 1
Alpha Laser Compa	of Her Supplies, Ed with the Florida Dept. of State Corporation (if known)	Ticker and a second a second and a second and a second and a second and a second an
Pursuant to the provisions of section 607.1006, Florid following amendment(s) to its Articles of Incorporation	-	Corporation adopts the
A. If amending name, enter the new name of the corner the new name of the corner the new name must be distinguishable and consumption of the abbreviation "Corp.," "Inc.," "Co". A professional corporation name must association," or the abbreviation "P.A."	tain the word "corporation," or Co" or the designation "C	orp," "Inc," or
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDI	RESS)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX D. If amending the registered agent and/or registered		r the name of the
<u>Name of New Registered Agent:</u>	ffice address:	
New Registered Office Address:	(Florida street address)	
	(City)	, Florida (Zip Code)
New Registered Agent's Signature, if changing Registereby accept the appointment as registered agent. position.		the obligations of the
Signature	e of New Registered Agent, if chan	 ging

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) Address Type of Action Title <u>Name</u> ■ Add ☐ Remove Remove ☐ Add ____ Remove E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific) F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)

The date of each amendment(s) adoption: 2-27-09
Effective date if applicable: (no more than 90 days after amendment file date)
(no more than 90 days after amenament fite date)
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)
(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 $2 - 27 - 09$
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)
(Suy It A rationni
(Typed or printed name of person signing)
1) Recio
(Title of person signing)