## P96000037989

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FILED
2011 OCT 21 PM 4: 31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10/2/11

Division of Corporations NEOBACK CORPORATION NAME OF CORPORATION: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: JOHN M. REESE
Name of Contact Person NFOBACK CORPORATION
Firm/Company Consoy Windermere Rd 415 mercy@marketingsecrets-com
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: M- Keese at (407) 310 - 4000

Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: **☐\$43.75** Filing Fee & **■ \$52.50** Filing Fee \$35 Filing Fee **☐ \$43.75** Filing Fee & Certificate of Status Certified Copy Certificate of Status Certified Copy (Additional copy is enclosed) (Additional Copy is enclosed) Mailing Address

Amendment Section Street Address Amendment Section **Division of Corporations Division of Corporations** Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, FL 32314

Tallahassee, FL 32301

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INFOBAC	EK CORPORAT	701, INC	FILED
(Name of Corporation as cu	rrently filed with the Florida	a Dept. of State)	2011 OCT 21 PM 4: 31
$\mathcal{L}$	96000027989	7	2011 UCI 21 THE STREET
	Number of Corporation (if known	•	SECRETARY OF STATE TALLAHASSEE, FLORIC
Pursuant to the provisions of section 607.1 mendment(s) to its Articles of Incorporation		lorida Profit Corpor	ation adopts the following
A. If amending name, enter the new name			
	CK CORPORATI		The new
name must be distinguishable and contai abbreviation "Corp.," "Inc.," or Co.," or i name must contain the word "chartered," "j	the designation "Corp," "Inc,	," or "Co". A profe	essional corporation
3. Enter new principal office address, if a Principal office address <u>MUST BE A STR</u>			
	<del></del>		
C. Enter new mailing address, if applicat			
(Mailing address <u>MAY BE A POST OF</u>	FICE BOX)	<u> </u>	
	<del></del>		<del></del>
). If amending the registered agent and/o new registered agent and/or the new re		Florida, enter the	name of the
Name of New Registered Agent:	v )  1	+	
New Registered Office Address:	(Florida street a	ddress)	
		, Flori	da
	(City)	(Zip Code)	<del></del>
w Registered Agent's Signature, if chan hereby accept the appointment as registered	nging Registered Agent: ad agent. I am familiar with a	nd accept the obligat	ions of the position.
	Signature of New Registered	Agent, if changing	

Title	<u>Name</u>	110	Address	Type of Action
		NIF		☐ Add ☐ Remove
	<del></del>	· · · · · · · · · · · · · · · · · · ·		☐ Add ☐ Remove
				☐ Add ☐ Remove
		f necessary). (Be sp	ecific)	
provisi	ons for implemen	ting the amendment	reclassification, or cance if not contained in the s	ellation of issued shares, amendment itself:
(if r	not applicable, ind	icate N/A)		
			,	

	date	0f a	doption	10-18	-11	
	•	(no more	than 90 days aft	er amendment	file date)	· · · · · · · · · · · · · · · · · · ·
Adoption of A	Amendment(s	ı)	(CHECK ON	Œ)		
The amend by the shar	ment(s) was/veholders was/	were adopted /were sufficie	by the sharehold ent for approval.	lers. The numb	per of votes cast	for the amendment(s)
			ed by the shareho			The following statemen amendment(s):
"The n	number of vot	es cast for the	e amendment(s)	was/were suffic	cient for approve	ai
by		(voting gr	oup)		"	
	ment(s) was/v not required.	were adopted	by the board of	directors witho	ut shareholder a	ection and shareholder
	not required.	_	by the incorpora	tors without sh	areholder action	n and shareholder
	Dated_/C	18/11	0/2			·
•	Signature		John 1	14 5	<u> </u>	
	Se	elected, by an		f in the hands o		ers have not been estee, or other court
		, -	JOHA	m- 1	Ruse	
			(Typed or prir	nted name of po	erson signing)	
		<del></del>	Presi	dent,	CED_	
		C	Title of names si	:		