

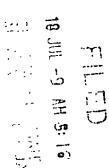
(Re	equestor's Name)	
• (Ad	ldress)	
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(Cit	ty/State/Zip/Phone	e #)
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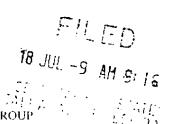
COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: ABSOLUTE Z	ERO ENGINEERING CONSULTING GROUP
DOCUMENT NUMBER: P02000071677	
The enclosed Articles of Amendment and fee are	submitted for filing.
Please return all correspondence concerning this	matter to the following:
	PATRICK MCCORNICK
	Name of Contact Person
	Firm/ Company
	12555 ORANGE DR STE 4024
	Address
	DAVIE. FL 33330
	City/ State and Zip Code
srinformation99@gmail.com	
E-mail address: (to be	used for future annual report notification)
For further information concerning this matter, pl	ease call:
PATRICK MCCORNICK	at ()
Name of Contact Person	at () Area Code & Daytime Telephone Number
Enclosed is a check for the following amount mad	de payable to the Florida Department of State:
\$35 Filing Fee S43.75 Filing Fee & Certificate of Status	
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 of



ABSOLU"	TE ZERO ENGINEERING	CONSULTING GROUP
(Name)	of Corporation as current	ly filed with the Florida Dept. of State)
	P020000716	77
•	(Document Number of	f Corporation (if known)
Pursuant to the provisions of section 607, its Articles of Incorporation;	1006, Florida Statutes, this	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new na	ime of the corporation:	
N/A		The new
	nation "Corp," "Inc," or	n," "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the
B. Enter new principal office address,	if applicable	N/A
(Principal office address MUST BE A S		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		N/A
D. If amending the registered agent an		
new registered agent and/or the nev		_
Name of New Registered Agent	PATRICK MCCORNICK	
	12555 ORANGE DR. SU	ITE 4096
	(Florida sti	rect address)
New Registered Office Address:	DAVIE	. Florida ³³³³⁰
		(City) (Zip Code)
New Registered Agent's Signature, if c		
I hereby accept the appointment as regist	ered agent Lam familiar	with and accept the obligations of the position.
	TH)	
	Signature of New 1	Registered Agent, if changing
	angranin ordy rion 1	одыны са аден, у снапуну

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	\underline{V}	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	D	PATRICK MCCORNICK	12555 ORANGE DR SUITE 4024
Add			DAVIE, FL 33330
X Remove			
2) Change	D	PATRICK MCCORNICK	12555 ORANGE DR. SUITE 4096
X Add			DAVIE, FL 33330
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here:	
(Attach additional sheets, if necessary). (Be specific)	
N/A	
77 - E	
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7	
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)	
N/A	

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The date of each amendment(s) ad date this document was signed.	option:	, if other than the
· ·	2/2018	
Effective date <u>if applicable</u> :	· · · · · · · · · · · · · · · · · · ·	
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bl document's effective date on the Dep	ock does not meet the applicable statutory filing requirements, this date surtment of State's records.	will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were adop by the shareholders was/were suf	nted by the shareholders. The number of votes cast for the amendment(s) ficient for approval.	
☐ The amendment(s) was/were appromuse be separately provided for e	oved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	r
	or the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
The amendment(s) was/were adoption was not required.	sted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were adoption was not required.	ited by the incorporators without shareholder action and shareholder	
07/02/2018 Dated		
Signature	Hech	
(By a dir	ector, president or other officer - if directors or officers have not been	~
	by an incorporator – if in the hands of a receiver, trustee, or other court d fiduciary by that fiduciary)	
	PATRICK MCCORNICK	
-	(Typed or printed name of person signing)	
	DIRECTOR	
-	(Title of person signing)	