# PDZDDDDDJU171

| (Re                                     | questor's Name)    |           |
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| (Address)                               |                    |           |
| (Ad                                     | dress)             |           |
| (Cit                                    | ty/State/Zip/Phone | : #)      |
| PICK-UP                                 | ☐ WAIT             | MAIL      |
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SECRETARY OF STATE

Amend

JUL 18 2018

I ALBRITTON

# COVER LETTER

TO: Amendment Section Division of Corporations

| NAME OF CORPOR                         | ATION: ABSOLUTE ZER   | O ENGINEERIN  | G CONSI                               | ULTING GROUP  |
|--|---|---|---------------------------------------|---|
| DOCUMENT NUMB                          |   |   |                                       |   |
|  | f Amendment and fee are su  | bmitted for filing  |                                       |   |
| Please return all corresp              | oondence concerning this ma   | tter to the followi   | ng:                                   |   |
|  |   | PATRICK MCC   | ORNICK                                |   |
| -                                      | <del>.</del>  | Name of Cont  | act Person                            | n   |
| -                                      |   | Firm/ Cor   | npany                                 |   |
|  | 12:   | 555 ORANGE DE   | STE 409                               | 26  |
| -                                      | Address   |   |                                       |   |
|  | Da  | AVIE, FL 33330  |                                       |   |
| _                                      | -   | City/ State and   | l Zip Cod                             | e   |
| srinf                                  | ormation99@gmail.com  |   |                                       |   |
|  | E-mail address: (to be u  | sed for future ann  | ual report                            | notification)   |
| For further information PATRICK MCCORN | concerning this matter, pleas   |   | l                                     | 888-898-4479  |
|  | f Contact Person  | at (  | Area Co                               | )<br>de & Daytime Telephone Number  |
|  | the following amount made   | payable to the Flo  |                                       | •   |
| S35 Filing Fee                         | ☐\$43,75 Filing Fee & Certificate of Status                               | □S43.75 Filing<br>Certified Cop<br>(Additional copenciosed) | рУ                                    | □\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)    |
| Amer<br>Divis<br>P.O.                  | ing Address indment Section ion of Corporations Box 6327 hassee, FL 32314 |   | Ameno<br>Divisio<br>Cliftor<br>2661 F | Address Iment Section on of Corporations Building Executive Center Circle assee, FL 32301 |

## Articles of Amendment

to

### Articles of Incorporation

of

| (Name o  | of Corporation as currer     | atly filed with the Florida De | pt. of State)                  |  |
|--|------------------------------|--------------------------------|--------------------------------|--|
| ·  | P02000071                    | <del>_</del>                   | <del></del>                    |  |
|  | (Document Number             | of Corporation (if known)      | · · ·                          |  |
| Pursuant to the provisions of section 607, its Articles of Incorporation:  | .1006, Florida Statutes, thi | s Florida Profit Corporation   | adopts the following amendment | (s) to   |
| A. If amending name, enter the new na  | ime of the corporation:      |                                |                                |  |
| name must be distinguishable and con<br>"Corp.," "Inc.," or Co.," or the design<br>word "chartered," "professional associa | iation "Corp," "Inc," or     | "Co". A professional corpo     |                                |  |
| B. Enter new principal office address, if applicable:  |                              | 433 PLAZA REAL                 |                                |  |
| (Principal office address MUST BE A S  |                              | SUITE 275                      |                                |  |
|  |                              | BOCA RATON, FL 334             | 32                             |  |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)                                    |                              | 433 PLAZA REAL                 |                                |  |
|  |                              | SUFFE 275                      |                                |  |
|  |                              | BOCA RATON, FL 334             | 32                             |  |
| D. If amending the registered agent an new registered agent and/or the new   | w registered office addre    | <u>ss:</u>                     | ame of the                     |  |
| Name of New Registered Agent   | PATRICK MCCORNIC             | K                              |                                |  |
|  | 433 PLAZA REAL SUI           | TE 275                         |                                |  |
|  |                              | street address)                |                                |  |
| New Registered Office Address:   | BOCA RATON                   |                                | , Florida                      |  |
|  |                              | (City)                         | (Zip Code)                     |  |
| New Registered Agent's Signature, if c<br>I hereby accept the appointment as regist  |                              |                                | ons of the position.  SECRE    | <b></b>  |
|  | Signature of New             | Registered Agent, if changing  | ASSEE, FLO                     | ] <del>                                     </del> |

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 = Trustec; 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:<br>X Change          | <u>PT</u>   | John Doe          |                            |  |
|-------------------------------|-------------|-------------------|----------------------------|--|
| X Remove                      | <u>V</u>    | Mike Jones        |                            |  |
| X Add                         | <u>sv</u>   | Sally Smith       |                            |  |
| Type of Action<br>(Check One) | Title       | <u>Name</u>       | <u>Addres</u> s            |  |
| i) Change                     | D           | PATRICK MCCORNICK | 12555 ORANGE DR SUITE 4096 |  |
| Add                           |             |                   | DAVIE, FL 33330            |  |
| X Remove                      |             |                   |                            |  |
| 2) Change                     | D           | PATRICK MCCORNICK | 433 PLAZA REAL             |  |
| X Add                         |             |                   | SUITE 275                  |  |
| Remove                        |             |                   | BOCA RATON, FL 33432       |  |
| 3) Change                     | <del></del> |                   | _                          |  |
| Add                           |             |                   |                            |  |
| Remove                        |             |                   |                            |  |
| 4) Change                     |             | _                 |                            |  |
| Add                           |             |                   |                            |  |
| Remove                        |             |                   |                            |  |
| 5) Change                     |             |                   |                            |  |
| Add                           |             |                   |                            |  |
| Remove                        |             |                   |                            |  |
| 6) Change                     |             |                   |                            |  |
| Add                           |             |                   |                            |  |
| Remove                        |             |                   |                            |  |

| E. If amending or adding additional Article (Attach additional sheets, if necessary). |  |                                       |
|---|--|---------------------------------------|
| N/A   | · · ·  |                                       |
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| F. 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)   |  |                                       |
| N/A   |  |                                       |
|   |  |                                       |
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|   |  |                                       |

| 07/11/2018  |   |
|---|---|
| The date of each amendment(s) adoption:   | , if other than the   |
| date this document was signed.  |   |
| 07/11/2018 Effective date if applicable:  |   |
| (no more than 9   | 0 days after amendment file date)   |
| Note: If the date inserted in this block does not meet the appli<br>document's effective date on the Department of State's records. | cable statutory filing requirements, this date will not be listed as the                            |
| Adoption of Amendment(s) (CHECK ONE)  |   |
| ☐ The amendment(s) was/were adopted by the shareholders. The by the shareholders was/were sufficient for approval.                  | e number of votes east for the amendment(s)   |
| ☐ The amendment(s) was/were approved by the shareholders thr must be separately provided for each voting group entitled to          |   |
| "The number of votes east for the amendment(s) was/we   | re sufficient for approval  |
| by(voting group)  | "   |
| (voting group)  | - <del></del>   |
| The amendment(s) was/were adopted by the board of directors<br>action was not required.   | without shareholder action and shareholder  |
| ☐ The amendment(s) was/were adopted by the incorporators with action was not required.  | nout shareholder action and shareholder   |
| Dated   |   |
| (By a director, president of other offi   | cer – if directors or officers have not been<br>e hands of a receiver, trustee, or other court<br>) |
| PATR  | ICK MCCORNICK   |
| (Typed or printed   | name of person signing)   |
| DIRI  | ECTOR   |
| (Title  | of person signing)  |