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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORP	ORATION:	Ability Works Inc.	· ,
DOCUMENT NU	MBER:	P07000055823	···
The enclosed Artic	les of Amendment and fee a	re submitted for filing.	
Please return all co	rrespondence concerning thi	s matter to the following:	
-		Linda Hayes	
	N	ame of Contact Person	
-		Ability Works Inc.	
		Firm/ Company	
_	123 NV	V 13th Street, Suite 212	
		Address	
	Во	ca Raton, FL 33432	
•	C	ity/ State and Zip Code	
	medworl E-mail address: (to be use	ksinc@yahoo.com d for future annual report notification)	
For further informa	ation concerning this matter,	please call:	
	Linda Hayes	at (561) 8	862-8074
Name	of Contact Person	Area Code & Daytime Te	elephone Number
Enclosed is a check	for the following amount n	nade payable to the Florida Depar	rtment of State:
☑ \$35 Filing Fee	☐ \$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Ac Amendmen Division of P.O. Box 6: Tallahassee	t Section Corporations 327	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circ	:le

Tallahassee, FL 32301

Articles of Amendment Articles of Incorporation

Ability Works Inc.

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

P07000055823

•	Articles of Amendment	ot. of State)
	to	a. 11
	Articles of Incorporation of	WOC.
Ahil	itu Marka Ina	150pc 29
	ity Works Inc. rently filed with the Florida Dep	Abana A
		n. or state)
	7000055823	
(Document Nu	umber of Corporation (if known)	₹
ursuant to the provisions of section 607.10 mendment(s) to its Articles of Incorporation: . If amending name, enter the new name	:	Profit Corporation adopts the following
name must be distinguishable and contain abbreviation "Corp.," "Inc.," or Co.," or the name must contain the word "chartered," "pr	he designation "Corp," "Inc," or	"Co". A professional corporation
Enter new principal office address, if ap	oplicable:	
Principal office address <u>MUST BE A STRE</u>	EET ADDRESS)	
Principal office address <u>MUST BE A STRE</u>	<u>EET ADDRESS</u>)	
Principal office address <u>MUST BE A STRE</u> Enter new mailing address, if applicable (Mailing address <u>MAY BE A POST OFF</u>	le: FICE BOX) registered office address in Flor	rida, enter the name of the
Principal office address MUST BE A STRE Enter new mailing address, if applicable (Mailing address MAY BE A POST OFF) If amending the registered agent and/or	le: FICE BOX) registered office address in Flor	rida, enter the name of the
Principal office address MUST BE A STRE Enter new mailing address, if applicable (Mailing address MAY BE A POST OFF) If amending the registered agent and/or new registered agent and/or the new res	le: FICE BOX) registered office address in Flor	
Principal office address MUST BE A STRE Enter new mailing address, if applicable (Mailing address MAY BE A POST OFF) If amending the registered agent and/or new registered agent and/or the new reserved agent.	le: FICE BOX registered office address in Flor	
Principal office address MUST BE A STRE . Enter new mailing address, if applicable (Mailing address MAY BE A POST OFF) . If amending the registered agent and/or new registered agent and/or the new res	le: FICE BOX registered office address in Flor	rs)
O. If amending the registered agent and/or new registered agent and/or the new registered agent and/or the new registered Agent:	le: FICE BOX) registered office address in Florgistered office address: (Florida street address (City)	, Florida (Zip Code)

Signature of New Registered Agent, if changing

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)

<u>Title</u>	<u>Name</u>	Address	Type of Action
<u>D/V</u>	Perry C. Rohan	830 Greensward Lane Unit 203-H Delray Beach, FL 33445	
-			
	•		
provisio (if no	ons for implementing the amendmot applicable, indicate N/A)	ge, reclassification, or cancellation of interest if not contained in the amendmen	
	an assigns 3 shares of comm	on stock to Linda Hayes	
(See Stocl	k Power attached)		

STOCK POWER

FOR VALUE RECEIVED, Perry Rohan ("Seller") hereby sells, assigns and transfers unto Linda Hayes ("Buyer") three (3) Shares of Common Capital Stock of Ability Works, Inc., a Florida Corporation (the "Corporation"), which said stock is reflected on the books of said Corporation and is represented by Certificates(s) Number 1. The total capitalization of the Corporation consists of a total of 10,000 shares of Common Capital Stock.

Seller hereby represents to Buyer that he is the owner of record of the above referenced Shares and owns such shares free and clear of all liens, taxes, security interests, options, warrants, purchase rights, contracts, commitments, equities, claims, and demands; whatsoever.

Seller herewith, and does hereby irrevocable constitute and appoint Linda Hayes attorney-in-fact to transfer the said stock on the books of said Corporation with full power of substitution in the premises.

Dated as of October 15, 2010

In presence of (Witness:)

SELLER:

Perry Rohan

In presence of (Witness:)

Print Name

The date of each amendment(s	adoption: 10 a / - / 0
	(date of adoption is required)
Effective date <u>if applicable</u> :	
(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(<u>CHECK ONE</u>)
The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.
	approved by the shareholders through voting groups. The following statemen for each voting group entitled to vote separately on the amendment(s):
"The number of votes ca	st for the amendment(s) was/were sufficient for approval
by	"
(voting group)
action was not required.	adopted by the board of directors without shareholder action and shareholder adopted by the incorporators without shareholder action and shareholder
action was not required.	adopted by the meorporators without shareholder action and shareholder
Dated	1/27/10
Signature	May Colle
(Ву а	director, president or other officer - if directors or officers have not been
	ed, by an incorporator – if in the hands of a receiver, trustee, or other court
appoi	nted fiduciary by that fiduciary)
	Texey C. A. H.M. (Typed or printed name of person signing)
	(Typed or printed name of person signing)
	Director
	(Title of person signing)