P11000095052

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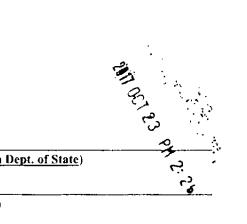
COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: ABA COMPANY	INC	
DOCUMENT NUM	P11000095052		
The enclosed Articles	of Amendment and fee are su	abmitted for filing.	
Please return all corre	spondence concerning this ma	tter to the following:	
	ADELYA AKKERMAN		
		Name of Contact Person	1
	ABA COMPANY INC		
		Firm/ Company	
	950 HANCOCK CREEK S I	BLVD, BLDG A, UNIT 11	1
	- 11 - 11 - 11 - 11 - 11 - 11 - 11 - 1	Address	
	CAPE CORAL, FL 33909		
		City/ State and Zip Cod	e
		•	
xncbl	o@gmail.com		
	E-mail address: (to be u	sed for future annual report	notification)
For further informatio	n concerning this matter, plea:	se call:	
	- ,		
ADELYA AKKERMAN		at (de & Daytime Telephone Number
Name of Contact Person		Area Co	de & Daytime Telephone Number
Enclosed is a check for	or the following amount made	payable to the Florida Depa	artment of State:
S35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Amend Divisio Clifton	Address Iment Section on of Corporations Building executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of



ABA COMPANY INC

(Name of Corporation	on as currently filed with the Flori	ida Dept. of State)
P11000095052		ida Dept. of State)
(Docum	nent Number of Corporation (if know	vn)
Pursuant to the provisions of section 607,1006, Floridate Articles of Incorporation:	a Statutes, this Florida Profit Corpor	ration adopts the following amendment(s) to
A. If amending name, enter the new name of the co	orporation:	
		The new
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp, word "chartered." "professional association," or the	," "Inc," or "Co". A professional	
3. Enter new principal office address, if applicable		
Principal office address <u>MUST BE A STREET ADD</u>	ORESS)	
Enter new mailing address, if applicable:		
(Mailing address <u>MAY BE A POST OFFICE BO.</u>	<u> </u>	
). If amending the registered agent and/or register	rad affice address in Florida, entur	the name of the
new registered agent and/or the new registered	office address:	the name of the
Name of New Registered Agent		
The of the A region real riger.		
	(Florida street address)	
No. Burian 1000 Aldana		[232.d]
New Registered Office Address:	(City)	, Florida
New Registered Agent's Signature, if changing Reg		Christian Carlos
hereby accept the appointment as registered agent.	I am Jamiliar with and accept the ob	oligations of the position.
Signo	ature of New Registered Agent, if ch	anging

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.

X Change	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	VP	MICHAEL TRAKHTENBERG	6061 SILVER KING BLVD
XAdd			UNIT 602
Remove			CAPE CORAL, FL 33914
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

If amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)
11 · · · · · · · · · · · · · · · · · ·	
	W. F
	
If an amendment provides for an exch	hange, reclassification, or cancellation of issued shares,
(if not applicable, indicate N/A)	ndment if not contained in the amendment itself:
(9	
	

The date of each amendment(s	s) adoption:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> : _		
	(no more than 90 days after amendment file date)	
	is block does not meet the applicable statutory filing requirements, this Department of State's records.	date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were by the shareholders was/wer	adopted by the shareholders. The number of votes cast for the amendme e sufficient for approval.	nt(s)
	approved by the shareholders through voting groups. The following state for each voting group entitled to vote separately on the amendment(s):	ement en
"The number of votes of	east for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
The amendment(s) was/were action was not required.	adopted by the board of directors without shareholder action and shareholder	older
☐ The amendment(s) was/were action was not required.	adopted by the incorporators without shareholder action and shareholder	
10/18/2 Dated	017	
Signature <u>V</u>	adelya akkerman	
(By	a director, president/or other officer – if directors or officers have not be ected, by an incorporator – if in the hands of a receiver, trustee, or other cointed tiduciary by that fiduciary)	
	ADELYA AKKERMAN	
	(Typed or printed name of person signing)	.,,,
	PRESIDENT	
	(Title of person signing)	