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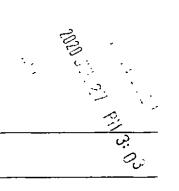
COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORA	TION: ADVISORS BUS	SINESS SERVICES, P.A.	
DOCUMENT NUMBE	R:P18000013394		
The enclosed Articles of	Amendment and fee are su	bmitted for filing. Please	
return all correspondence	concerning this matter to	the following:	
		Ronald Lewis, Esq. Personal Representative	
_		Name of Contact Persor	1
		Ronald Lewis, P.A.	
		Firm/ Company	
		1300 N Federal Hwy - Suite	203
_		Address	
		Boca Raton, FL 33432	
_		City/ State and Zip Code	2
		ron@ronlewispa.com	
	E-mail address: (to be us	sed for future annual report	notification)
For further information c	oncerning this matter, plea	<i></i>	386 2200
	Contact Person	at (561 Area Co) _386 - 2200 de & Daytime Telephone Number
		payable to the Florida Depa	
S \$35 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)
Amend Divisio P.O. Bo	g Address ment Section n of Corporations ox 6327 assee, FL 32314	Amend Divisio The Co	Address Iment Section In of Corporations In of Tallahassee In Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment Articles of Incorporation of



ADVISORS BUSINESS SERVICES, P.A.

	(Document Number	er: P18000013394)		
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this	Florida Profit Corporation a	dopts the fo	ollowing amendmen
A. If amending name, enter the new na	me of the corporation:			
				The new
name must be distinguishable and contain "Inc.," or Co.," or the designation "C "chartered," "professional association,"	orp," "Inc," or "Co".	A professional corporation i	or the abbi name must	reviation "Corp.," contain the word
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		1300 N Federal Highway, Suite 203		
		Boca Raton, FL 33432		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		1300 N Federal Highway, Suite 203		
		Boca Raton, FL 33432		
D. If amending the registered agent an new registered agent and/or the new			me of the	·
Name of New Registered Agent		 		
	1300 N Federal Highway			
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	reet address)		22.420
New Registered Office Address:	Boca Raton	(City)	_, Florida	33432 (Zip Code)
		(Cuy)		(Zip Code)
New Registered Agent's Signature, if classification in the second second the appointment as regist			ns of the pos	sition.
	Konald I	2/		
		Registered Agent, if changing		

Check if applicable

☑ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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.

$\frac{X}{C}$ 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)	Title	<u>Name</u>	<u>Addres</u> s
i) Change	CEO	Ronald Lewis	1300 N Federal Highway. Suite 20:
X Add		_	Boca Raton, FL 33432
Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	icles, enter change(s) here: (Be specific)
If an amendment provides for an excl	nange, reclassification, or cancellation of issued shares,
provisions for implementing the ame	endment if not contained in the amendment itself:
(if you combinish in indiana MII)	
(if not applicable, indicate N/A)	
у посаррисавле, таксале (УА)	
у посаррисание, такан (УА)	
(у пот аррисаоле, таксале (УА)	
(у погаррисаоле, таксале гул)	
(у посиррисавле, таксале 197А)	
(у посаррисавле, таксале 197А)	
(g not applicable, indicate N/A)	
(у посаррисаоле, таксале 197А)	
(д посиррисате, таксае 197А)	
(у посиррисате, таксае WA)	

The date of each amendment(s) ad	option:	, if other than th
date this document was signed.		
Effective date if applicable:		-
	(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 coartment of State's records.	late will not be listed as th
Adoption of Amendment(s)	(CHECK ONE)	
■ The amendment(s) was/were adoption was not required.	pted by the incorporators, or board of directors without shareholder ac	tion and shareholder
☐ The amendment(s) was/were adop by the shareholders was/were suf	pted by the shareholders. The number of votes cast for the amendmen ficient for approval.	t(s)
	roved by the shareholders through voting groups. The following states each voting group entitled to vote separately on the amendment(s):	nent
"The number of votes cast f	or the amendment(s) was/were sufficient for approval	
by	 .	
,	(voting group)	
7/2 / 2020		
Dated 7/21/2020		
Signature	Ah_{λ}	
(By a di	ector, president or other officer - if directors or officers have not been	1
selected	, by an incorporator - if in the hands of a receiver, trustee, or other co	
appointe	ed fiduciary by that fiduciary)	
	Ronald Lewis	
-	(Typed or printed name of person signing)	
	CEO, Personal Representative	
-	(Title of person signing)	

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