	022,12 02001 00		
The above na	amed entity submits this statement for the purpose of char	nging its registered office or I	registered agent, or both, in the State of Florida.
SIGNATU	JRE: JODY MOUA, ASST SECRETARY	/	10/
	Electronic Signature of Registered Agent		
Officer/D	Director Detail :		
Title	СРТ	Title	DS
Name	SCHWARTZ. DAVID BRYAN	Name	KNOWLTON SCHWARTZ, PATRICIA

DOCUMENT# F22000006103

**Current Principal Place of Business:** 

## **Current Mailing Address:**

8413 JACKSON RD STE C SACRAMENTO, CA 95826

## FEI Number: 94-3289394

## Name and Address of Current Registered Agent:

2023 FOREIGN PROFIT CORPORATION REINSTATEMENT

Entity Name: ADVANCED BUSINESS INTEGRATORS, INC.

PARACORP INCORPORATED 155 OFFICE PLAZA DR 1 FL TALLAHASSEE, FL 32301 US

SIGNATURE	: JODY MOUA, ASST SECRETARY		10/23/2023		
	Electronic Signature of Registered Agent		Date		
Officer/Director Detail :					
Title	СРТ	Title	DS		
Name	SCHWARTZ, DAVID BRYAN	Name	KNOWLTON SCHWARTZ, PATRICIA		
Address	8413 JACKSON RD STE C	Address	8413 JACKSON RD STE C		
City-State-Zip:	SACRAMENTO CA 95826	City-State-Zip:	SACRAMENTO CA 95826		

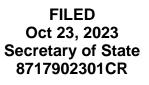
I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: DAVID BRYAN SCHWARTZ

PRESIDENT

10/23/2023

Electronic Signature of Signing Officer/Director Detail



Certificate of Status Desired: No

Date