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SECRETARY OF GIANT

Ameno C.COULLIETTE JAN 0 4 2012

EXAMINER

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: Advanced	Business Produc	cts, Inc.	
DOCUMENT NUMB				
The enclosed Articles of	of Amendment and fee are su	bmitted for filing.		
Please return all corres	pondence concerning this ma	tter to the following:		
	Elizabeth Griffin			
Name of Contact Person				
Advanced Business Products, Inc.				
Firm/ Company				
1335 Bennett Drive, Suite 107				
		Address		
_	Longwood, Floric			
		City/ State and Zip Cod	e	
beth	n@abp-pos.com			
		sed for future annual report	notification)	
For further information	concerning this matter, pleas	se call:		
Elizabeth Grif	fin	407	422-7437	
Name of Contact Person			de & Daytime Telephone Number	
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:	
■ \$35 Filing Fee	□\$43.75 Filing Fee'& Certificate of Status enclosed)	□\$43.75 Filing Fee & Certified Copy (Additional copy is (Additional C	□\$52.50 Filing Fee Certificate of Status Certified Copy Topy is enclosed)	
Amer Divis P.O.	ing Address Indment Section Identify Corporations Box 6327 hassee, FL 32314	Amend Divisio Clifton 2661 E	Address ment Section on of Corporations Building xecutive Center Circle ussee, FL 32301	

Articles of Amendment to Articles of Incorporation of

(Name of Corporation as currently		ent of State)	
F90501	med with the Florida D	epa or state	
(Document Number	of Corporation (if known)		
Pursuant to the provisions of section 607.1006, Flor its Articles of Incorporation:	rida Statutes, this <i>Florida</i> i	Profit Corporation adopts the	following amendment(s) to
A. If amending name, enter the new name of the	corporation:		
			The new
name must be distinguishable and contain the w "Corp.," "Inc.," or Co.," or the designation "Co word "chartered," "professional association," or to	rp," "Inc," or "Co". A		r the abbreviation
B. Enter new principal office address, if applical (Principal office address MUST BE A STREET A.			
C. Enternew mailing address, if applicable: (Mailing address MAY BE A POST OFFICE I	30X)		THEO THARY OF THAIL OF CORPORATION C 29 AM II: 00
D. If amending the registered agent and/or registered agent and/or the new registered. Elizab		orida, enter the name of the	
Name of New Registered Agent	Bennett Drive,	Suite 107	
1000	(Florida street addres		
New Registered Office Address: Longy	vood	, Florida 32750)
New Negistereu Office Address.	(City)	Zip C	ode)
New Registered Agent's Signature, if changing R I hereby accept the appointment as registered agent Signature of			osition.

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.

Example: X Change	<u>PT</u> Jo	hn Doe	
X Remove	<u>V</u> <u>M</u>	ike Jones	
_X Add	<u>SV</u> <u>Sa</u>	Illy Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change Add Remove	PD	Larry J. Acord	1820 Cape Cod Cove Grand Island, FL 32735
2) Change Add Remove	DTS	Hope M. Acord	1820 Cape Cod Cove Grand Island, FL 32735
3) Change <u>x</u> Add Remove	PD	Elizabeth Griffin	1560 Carmona Court Deltona, FL 32738
4) Change Add Remove			
5) Change Add Remove			
6) Change Add Remove			

(atto	mending or adding additional Arti ach additional sheets, if necessary).	(Be specific)	s) nere;		
N/A					
		•			
			<u> </u>		
				1 212 212 22 24 24 24 24 24 24 24 24 24 24 24 24	<u> </u>
F. <u>If an</u> pro	n amendment provides for an exchovisions for implementing the amen (if not applicable, indicate N/A)	ange, reclassification endment if not conta	on, or cancellati ined in the ame	on of issued share ndment itself:	<u>s.</u>
	· "				

The date of each amendment(s) adoption: January 1, 2012
Effective date if applicable: January 1, 2012
(no more than 90 days after amendment file date)
Adoption of Amendment(s) (CHECK ONE)
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):
"The number of votes cast for the amendment(s) was/were sufficient for approval
by" (voting group)
(voting group)
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.
Dated January 1, 2012
Signature
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
Elizabeth Griffin
(Typed or printed name of person signing)
President
(Title of person signing)