Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850) 617-6380

from:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone

: (850)205-8842

Fax Number

: (850)878-5368

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

COR AMND/RESTATE/CORRECT OR O/D RESIGN ABSOLUTE FISHER INC.

Certificate of Status	0
Certified Copy	1
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Electronic Filing Menu

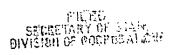
Corporate Filing Menu

Help

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPOR	ABSOLUTE FISH	HER INC.					
DOCUMENT NUME	BER: 204000092759						
The enclosed Articles	of Amendment and fee are su	sbmitted for filing.					
Please return all corres	pondence concerning this ma	atter to the following:					
	PAULO MIRANDA						
		Name of Contact Perso	n				
	PSM CORPORATE SERVI	CES INC.					
		Firm/ Company					
	1001 BRICKELL BAY DRIVE, SUITE 2406						
		Address	•				
	MIAMI, FL 33131						
•		City/ State and Zip Cod	e				
LIVI	A.VIEIRA@PSMCORPORA	TE.COM					
	E-mail address: (to be u	sed for future annual report	notification)				
For further information	concerning this matter, plea	se call:					
LIVIA VIEIRA		at (456-3752				
Nume o	f Contact Person	Area Co	de & Daytime Telephone Number.				
Enclosed is a check for	the following amount made	payable to the Florida Depo	artment of State:				
S35 Filing Fee	☐S43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)				
Malling Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, Fl. 32314		Street Address Amendment Section Division of Corporations Clifton Building 266) Executive Center Circle Tallabasers, El. 32301					



Articles of Amendment to Articles of Incorporation

15 NOV 30 AH 9: 18

(Name	of Corporation as current	ly filed with the Florida Dept. of State)		
P04000092759				
	(Document Number of	f Corporation (if known)		
Pursuant to the provisions of section 607. its Articles of Incorporation:	.1006, Florida Statutes, this	Florida Profit Corporation adopts the following amendment(s) t		
A. If amending name, enter the new na	ame of the corporation:			
		The new		
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	nation "Corp." "inc," or '	on." "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the "P.A."		
B. Enter new principal office address.	if applicable:	1001 BRICKELL BAY DRIVE, SUITE 2406		
(Principal office address MUST BE A S		MIAMI, FL, 33131		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		1001 BRICKELL BAY DRIVE, SUITE 2406		
		MIAMI, FL, 33131		
D. If amending the registered agent ar new registered agent and/or the ne	nd/or registered office add w registered office addres	ress in Florida, enter the name of the		
Name of New Registered Agent	NRAI SERVICES, INC.			
	(Florida st	reet address)		
New Registered Office Address:	1200 SOUTH PINE ISLAND ROAD, PLANTATION, Florida 33324			
		(City) (Zip Code)		
New Registered Agent's Signature, if c hereby accept the appointment as regist	hanging Registered Agent tered agent. I am familiar	tz. with and accept the obligations of the position		
	Comie B.	Connie Bruon		
	Signature of New I	Ogistered Agent, if changing Secretory		

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	PT	John Do	<u>e</u>	
X Remove	<u>v</u>	Mike Jo	nes	
X Add	<u>sv</u>	Saliy Sn	nith	
Type of Action (Check One)	Title		Name	Address
1) Change				
Add				
Кеточе				
2) Change	,	 .		
Add				- 1,111
Remove				
3) Change				
			r	
Remove				
4) Change	<u></u>			
Add				
Remove				
5) Change		_		
Add				
Remove				
			•	
6) Change				
^dd				
Remove				

Tan amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself; (If not applicable, indicate N/A)	
provisions for implementing the amendment if not contained in the amendment itself:	
provisions for implementing the amendment if not contained in the amendment itself:	
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11/30/2015 11:23:21 AM From: To: 8506176380(6/6)

FILED SECRETARY OF SLAD DIVISION OF CORPUGALISMS

	ment(s) adoption:	15 NOV	130	AM 9: 18	if other than the
date this document was sig	gned.				
Effective date if applicat	ble:				
	(rio more	than 90 days after umendment	file da	1e)	
	d in this block does not meet the on the Department of State's reco		quireme	nts, this date will	not be listed as the
Adoption of Amendment	(CHECK ONE	•			
	s/were adopted by the sharcholders solvere sufficient for approval.	a. The number of votes east fo	or the ar	mendment(s)	
	s/were approved by the shareholde ovided for each voting group entiti				
"The number of s	votes cast for the amendment(s) w	as/were sufficient for approval			
hy		<u></u>	,"		
	(voting group)				
The amendment(s) was action was not required	Wwere adopted by the board of direct.	ectors without shareholder acti	ion and	shareholder	
The amendment(s) was action was not required	/were adopted by the incorporator	s without shareholder action a	nd shar	cholder	
N Dated_	ovember 25th, 2015	<u> </u>			
Signatur	Livia	Vieiro.			
	(By a director, president or othe selected, by an incorporator – it appointed fiduciary by that fidu	in the hands of a receiver, tru:			
	Livia Vicira				
	(Typed or pr	nted name of person signing)			
	Secretary				
	(l'ille of person signing)			