## P090000W380

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TAILAHASSEE, FLORIDI

Charles or

## **COVER LETTER**

TO: Amendment Section
Division of Corporations

NAME OF CORE	PORATION:	A & B HASSAN, INC				
DOCUMENT NU	MBER:	P090000 <b>5</b> 64380				
The enclosed Artic	eles of Amendment and fee a	are submitted for filing.				
Please return all co	orrespondence concerning th	is matter to the following:				
	Ъ	Name of Contact Person				
GOULD ADEJOLA AND ASSOCIATES, INC						
Firm/ Company						
6649 FICUS DRIVE						
Address						
	MI	RAMAR, FL 33023				
City/ State and Zip Code						
	GOULDADEJO	OLA@EARTHLINK.NET				
<del></del>	E-mail address: (to be use	d for future annual report notification	n)			
For further informa	tion concerning this matter,	please call:				
WA	YNE A GOULD	at ( 954 )	588-1138			
Name	of Contact Person	Area Code & Daytime	Telephone Number			
Enclosed is a check	for the following amount m	nade payable to the Florida De	partment of State:			
<b> </b>	\$43.75 Filing Fee & Certificate of Status	☐ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)			
P.O. Box 63	t Section Corporations 127	Street Address Amendment Section Division of Corporations Clifton Building	t1			
Tallahassee,	, ГL JZJ14	2661 Executive Center C	ircie			

Tallahassee, FL 32301

## **Articles of Amendment** to Articles of Incorporation of

Aand B HASSAN,INC				
(Name of Corporation as currently filed with the Florida Dept. of State)				
AH				
P090000 64380				
(Danuard Number of Company)				

1 03000					
(Document Number	r of Corporation (if kno	own)			
Pursuant to the provisions of section 607.1006, Famendment(s) to its Articles of Incorporation:	Florida Statutes, this F	Florida Profit Corporati	on adopts	the f	follov
A. If amending name, enter the new name of th	e corporation:				
			7	he n	iew
name must be distinguishable and contain the abbreviation "Corp.," "Inc.," or Co.," or the desname must contain the word "chartered," "profess	signation "Corp," "In	c," or "Co". A profess	rporated" ional corp	or	the
B. Enter new principal office address, if applica					
(Principal office address <u>MUST BE A STREET A</u>	ADDRESS )		÷.	_	
			E.C.	)9 S	
			<u> </u>	Ę	~77
C. Enter new mailing address, if applicable:			ART	2	Ë
(Mailing address MAY BE A POST OFFICE	<u>BOX</u> )			PH	ΕD
				: ::	
				=	
D. If amending the registered agent and/or regi	stered office address i	in Florida, enter the na	me of the		
new registered agent and/or the new register					
Name of New Registered Agent:					
Trame of them registered rigers.	-				
New Registered Office Address:	(Florida street	address)			
<u> </u>		, Florida	ı	_	
	(City)	(Zip Code)			
New Registered Agent's Signature, if changing l	Registered Agent:				
hereby accept the appointment as registered agen		and accept the obligation	is of the po	ositio	n.
Sign	ature of New Registere	ed Agent, if changing			

## 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)

**Type of Action** Address **Title** <u>Name</u> **KEVIN HASSAN** ANTHONY HASSAN E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific) F. If an 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)