

P10000060629

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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06/27/11--01016--018 **25.00

07/18/11--01026--018 **10.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
JUL 15 AM 11:17

Amerd
C.COULLETTE

JUL 18 2011

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ABA E-CIG, INC
Name of ~~Limited Liability~~ Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ROEE RAMO

Name of Person

ABA E-CIG INC

Firm/Company

4403 URBANA DRIVE #201

Address

ORLANDO FL 32837

City/State and Zip Code

INGRID@APLUSACCOUNTING.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ROEE RAMON

Name of Person

at (407)

731-6718

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|--|--|--|--|

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 29, 2011

ROEE RAMO
ABA E-CIG INC
4403 URBANA DR #201
ORLANDO, FL 32837

SUBJECT: ABA E-CIG INC.
Ref. Number: P10000060629

We have received your document for ABA E-CIG INC. and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

There is a balance due of \$10.00. Refer to the attached fee schedule for a breakdown of the fees. Please return a copy of this letter to ensure your money is properly credited.

You have used the incorrect form for a Florida profit corporation amendment. I am enclosing the proper form for you to complete and return to my attention with a copy of this letter.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6903.

Cheryl Coulliette
Regulatory Specialist II

Letter Number: 911A00015714

Sent back blank.

RECEIVED
11 JUL 18 AM 11:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 18, 2011

ROEE RAMO
ABA E-CIG INC.
4403 URBANA DR #201
ORLANDO, FL 32837

SUBJECT: ABA E-CIG INC.
Ref. Number: P10000060629

We have received your document for ABA E-CIG INC. . However, the enclosed document has not been filed and is being returned to you for the following reason(s):

You must complete the form for a FLorida profit corporation, I sent you the correct form and you sent it back to me blank. Please fill out the form and return to me at this office if you intend to file and amendment for your corporation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6903.

Cheryl Coulliette
Regulatory Specialist II

Letter Number: 311A00016970

RECEIVED

11 AUG 15 AM 11:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Articles of Amendment
to
Articles of Incorporation
of

ABE - CIG INC.
(Name of Corporation as currently filed with the Florida Dept. of State)

P10000060629
(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

B. Enter new principal office address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)

4403 URBANA DR #201
ORLANDO FL 32837

C. Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

4403 URBANA DR #201
ORLANDO FL 32837

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent:

ROEE RAMO

New Registered Office Address:

4403 URBANA DR #201

(Florida street address)

ORLANDO

(City)

Florida 32837

(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing



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SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 AUG 15 AM 11:17

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)

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
P	RAZ RAMON	7245 DE PHILIPS RD ORLANDO FL 32817	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
P	ROSE RAMO	4403 URBANA DR #201 ORLANDO FL 32837	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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)

The date of each amendment(s) adoption: 6/15/11
(date of adoption is required)
Effective date if applicable: 6/15/11
(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)

☐ 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 6/22/11

Signature [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)

ROEE RAMO

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)