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SECRETARY OF STATES

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: ABOND TOSURONCE INC.
DOCUMENT NUMBER: P 11 000016390
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Romina Manrigue
Name of Contact Person Albania Insurangue
1089 W. 29 ST SUHEA
Liplean FL 330/2
City/ State and Zip Code
abondinsurance@hotmark.com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Romina Carrera at 786,378-9479
Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
S35 Filing Fee Certificate of Status Certificate of Status Certificate of Status Certificate of Status (Additional copy is enclosed) Certificate of Status Certified Copy (Additional Copy is enclosed)

Mailing Address

Amendment Section Division of Corporations P.O. Box 6327 Talfahassee, FL 32314 Street Address

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

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	Articles of Incorporation of	2017 JU	123 AM	ll: 1 g
Albana To	CUYOLOP TO			- -
(Name of Corporation as curr	ently filed with the Florida Dept. o	f State)		_
PHANA	01/120/	<u> </u>		
(Document Nur	nber of Corporation (if known)			_
rsuant to the provisions of section 607.1006 orporation:	Florida Statutes, this corporation as	dopts the following	g amendmen	t(s) to its Article
If amending name, enter the new name o	f the corporation:			
				The _new
me must be distinguishable and contain t orp.," "Inc.," or Co.," or the designation rd "chartered," "professional association,"	"Corp," "Inc," or "Co". A profes			
Enter new principal office address, if app	olicable:			
incipal office address <u>MUST BE A STREE</u>	ET ADDRESS)			
				_
				_ _
Enter new mailing address, if applicable				
(Mailing address <u>MAY BE A POST OFFI</u>	CE BOX)			
				
If amending the registered agent and/or a new registered agent and/or the new regi		, enter the name o	f the	
Name of New Registered Agent				
	(Florida street address)			
	(1 ioriau sireer uuuress)			
New Registered Office Address:	(City)	Florida	(Zip Code)	_
	(Cily)		(zap Coue)	
w Registered Agent's Signature, if changi				
ereby accept the appointment as registered a	igent. I am familiar with and accept	the obligations of	the position.	
Signatur	e of New Registered Agent, if changi	ing		

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>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
t) X Change	YP_	Romina Manrique	1089 W 29th ST
Add Remove		7	Suite A Hralegh FL 33012
2) Change			
Add			
3) Change			
Add			
4) Change			
Add Remove			
5) Change	<u></u>		
Add Remove			
6) Change			
Add Remove			

	amending or adding additional Articl Attach additional sheets, if necessary).	(Re specific)
		- "
far	visions for implementing the amendn	ge, reclassification, or cancellation of issued shares, nent if not contained in the amendment itself:
oro	(if not applicable, indicate N/A)	
pro		
oro		
<u>pro</u>		
<u>pro</u>		
pro		
pro		
<u>oro</u>		
pro		

The date of each amendment(s) adoption:	, if other than the
·	
Effective date if applicable: (no more than 90 days after amendment file date)	
(no more man 30 days after amenament fite 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 east 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	
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)	
Marion Manrigue	
(Typed or printed name of person signing)	
Dresident	
(Title of person signing)	_