D/200062439

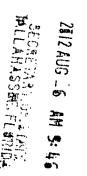
(Requ	iestor's Name)	
(Addr	ess)	
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PICK-UP	☐ WAIT	MAIL
(Busin	ness Entity Na	me)
(Docu	ment Number)
Certified Copies	Certificate	s of Status
Special Instructions to Fil	ing Officer:	

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FLORIDA DEPARTMENT OF STATE Division of Corporations

July 25, 2012

CHOWDHURY KABIR CMAX CONSULTING INC 4928 10TH AVENUE NORTH GREENACRES, FL 33463

SUBJECT: AB HAIDER, INC Ref. Number: P12000062439

We have received your document for AB HAIDER, INC and check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The registered agent must sign accepting the designation.

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) 245-6050.

Sylvia Gilbert Regulatory Specialist II

Letter Number: 812A00019643

Articles of Amendment Articles of Incorporation of



AB HAIDER, INC

(Name of Corporation as currently filed with the Florida Dept. of State)

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(Document Number of Corporation (if known)

dment(s) to

A. If amending name, enter the new name of the corporation N/A	<u>ni:</u>	
name must be distinguishable and contain the word "corpo" "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," word "chartered," "professional association," or the abbrevia	or "Co". A professional corporation name must	
B. Enter new principal office address, if applicable:	444 NORTHWOOD RD	
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	WEST PALM BEACH	
	FL- 33407	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	444 NORTHWOOD RD	
	WEST PALM BEACH	
	FL - 33407	
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office ad Name of New Registered Agent NAZEEM Q	dress:	
	SSY DR # 603	
	ida street address)	
	MBEACH , Florida 33401	
New Registered Office Address: WEST PALM	(City) (Zip Code)	

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 <math>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> <u>John</u>	n Doe	
X Remove	<u>V</u> <u>Mik</u>	e Jones	
X Add	SV Sall	y Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) X Change	PDST	FOZIA M ALI	444 NORTHWOOD RD
Add			WEST PALM BEACH
Remove			FL- 33407
2) Change	PDST	NAZEEM Q HAIDER	444 NORTHWOOD RD
X Add			WEST PALM BEACH
Remove			FL - 33407
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
			•
6) Change			
Add			
Remove			

	(Be specific)
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	_
an amendment provides for an exch	nange, reclassification, or cancellation of issued shares, and and in the amendment itself:
provisions for implementing the ame	
(if not applicable, indicate N/A)	
(if not applicable, indicate N/A)	
Orovisions for implementing the amel (if not applicable, indicate N/A)	
(if not applicable, indicate N/A)	
Orovisions for implementing the ame (if not applicable, indicate N/A)	
(if not applicable, indicate N/A)	
Orovisions for implementing the ame (if not applicable, indicate N/A)	
(if not applicable, indicate N/A)	
(if not applicable, indicate N/A)	

The date of each amendment(s) a	doption: U//ZU/ZU IZ
Effective date <u>if applicable</u> : 07	/20/2012
mappinable.	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(<u>CHECK ONE</u>)
☐ The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes cast for the amendment(s) officient for approval.
	proved by the shareholders through voting groups. The following statement 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)
action was not required.	opted by the board of directors without shareholder action and shareholder opted by the incorporators without shareholder action and shareholder
action was not required.	opied by the meorporators without shareholder action and shareholder
Dated 07/20/	2 012
Signature	Dra Novaci
	hirector, president or other officer - if directors or officers have not been ad by an incorporator - if in the hands of a receiver, trustee, or other court
	ted fiduciary by that fiduciary)
	FOZIA M ALI
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)