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(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	÷#)
PICK-UP	☐ WAIT	MAIL.
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
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COVER LETTER

TO: Amendment Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

Domingo Abinader Name of Contact Person AB Multi Services and Income Taxes					
Domingo Abinader Name of Contact Person					
Domingo Abinader Name of Contact Person					
Name of Contact Person					
Name of Contact Person					
Firm/ Company					
8751 Commodity Cir Ste 7					
Address					
Orlando, FL 32819					
City/ State and Zip Code					
abmultiservices1@yahoo.com					
E-mail address: (to be used for future annual report notification)					
•					
or further information concerning this matter, please call:					
Domingo Abinader at (407) 922-9211					
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: ?					
\$35 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is enclosed) \$43.75 Filing Fee Certified Copy (Additional Copy is enclosed)					
Mailing Address Street Address					
Amendment Section Amendment Section Division of Corporations Division of Corporations					

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

of

PALLET AND BOXES EXTRAORDINARY CORP

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

(Document)	nt Number of Corporation (if known)		
Pursuant to the provisions of section 607. ts Articles of Incorporation:	1006, Florida Statutes, this Florida Profit Co	prporation adopts the following	g amendment(s
A. If amending name, enter the new na	ame of the corporation:		
			The new
	tain the word "corporation," "company," nation "Corp," "Inc," or "Co". A professi tion," or the abbreviation "P.A."		
B. Enter new principal office address, Principal office address <u>MUST BE A S</u>			-
			•
C. Enter new mailing address, if appli	icable:		•
(Mailing address <u>MAY BE A POST</u>			
			-
	<u></u>		
 If amending the registered agent an new registered agent and/or the new 	nd/or registered office address in Florida, e	nter the name of the	→ ××××××××××××××××××××××××××××××××××××
-	Banda, Nicolasa		F ♣
Name of New Registered Agent	2255 HWY 17/92 N		7 43
	(Florida street address)		. () ⊸3 33 56
New Registered Office Address:	Haines City	_{, Florida} _33844	AM II: 4
<u> </u>	(City)	(Zip Code)	:
			,
New Registered Agent's Signature, if c	hanging Registered Agent: tered agent. I am familiar with and accept t	he obligations of the position.	
, , , , , , , , , , , , , , , , , , ,	D	g . y <u>F</u>	

Signature of New Registered 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)

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 Doe	
X Remove	<u>v</u>	Mike Jones	
_X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	Р	AGUILAR, BERNARDO	2255 HWY 17/92 N
Add			HAINES CITY, FL 33844
Remove			
2) Change	Р	Banda, Nicolasa	2255 HWY 17/92 N
Add			HAINES CITY, FL 33844
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add .			
Remove			

tach <i>additional s</i>	sheets. if necessary,). (Be specifi	(c)			
·····						
			<u> </u>	· · · · · · · · · · · · · · · · · · ·		
				<u> </u>		
<u></u>						
an amendment	provides for an ex	change, recla	ssification, or o	cancellation of	issued shares.	
rovisions for im	plementing the arable, indicate N/A)	<u>mendment if n</u>	ot contained ir	the amendme	nt itself:	
	······································					•••
		-				
			<u></u>			

The date of each amendment(s) ad	option: 12/15/2013	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> : 12/0	01/2013	
	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were ado by the shareholders was/were suf	pted by the shareholders. The number of votes cast for the amendment(s) fficient for approval.	
	roved 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 to	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
The amendment(s) was/were ado action was not required.	pted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were ado action was not required.	pted by the incorporators without shareholder action and shareholder	
Dated_12/20/20	013	
Signature 27	P	
(By a di	rector, president or other officer – if directors or officers have not been it, by an incorporator – if in the hands of a receiver, trustee, or other court	
	ed fiduciary by that fiduciary)	
	Banda, Nicolasa	
•	(Typed or printed name of person signing)	
	President	
•	(Title of person signing)	_