P130000003900

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Amend 10/19/14

COVER LETTER

TO: Amendment Section Division of Corporations					
NAME OF CORPORATION: ABW HOLD	INGS, INC.				
DOCUMENT NUMBER: P13000063900	DOCUMENT NUMBER: P13000063906				
The enclosed Articles of Amendment and fee are sub	omitted for filing.				
Please return all correspondence concerning this man	ter to the following:				
Michael Thomas					
	Name of Contact Person	1			
ABW HOLDINGS	·				
	Firm/ Company				
2419 Blood Grove					
	Address				
Delray Beach, FL		· · · · · · · · · · · · · · · · · · ·			
	City/ State and Zip Code	e			
tcwelch9441@gmail.	com				
E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
Michael Thomas Welch	at (954	288-2422			
Name of Contact Person	Area Co	de & Daytime Telephone Number			
Enclosed is a check for the following amount made payable to the Florida Department of State:					
\$35 Filing Fee \$\text{Certificate of Status}\$	☐S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)			
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Ameno Divisio Clifton 2661 E	Address Iment Section on of Corporations Building Executive Center Circle assee, FL 32301			

Articles of Amendment Articles of Incorporation



ABW HOLDINGS, INC. (Name of Corporation as currently filed with the Florida Dept. of State) P13000063906 (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: N/A 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." 2419 Blood Grove Circle B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Delray Beach, FL 33445 C. Enter new mailing address, if applicable: 2419 Blood Grove Circle (Mailing address MAY BE A POST OFFICE BOX) Delray Beach, FL 33445 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 2419 Blood Grove Circle (Florida street address) Delray Beach New Registered Office Address: (City) 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.

Page 1 of 4

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	<u>PT</u>	John Doe	
X Remove	$\underline{\mathbf{V}}$	Mike Jones	
X Add	<u>\$V</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	·		
Add			
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding (Attach additional sheet		les, enter change(s) (Be specific)	<u>here</u> :	
N/A	s, if necessary,	(be apecific)		
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F. If an amendment prov	ides for an exch	ange, reclassificatio	n, or cancellation of	issued shares.
provisions for impler (if not applicable,	nenting the amen indicate N/A)	idment it not contai	ned in the amendme	ent itseit:
Section L of Election	n Information	to be changed:	Effective June	1, 2014
Terry C. Welch Owr				
Michael T. Welch O				
Wilchael T. Welcit O	Wileiship cha	11ge. 5570		

The date of each amendment(s) ad date this document was signed.	option: June 1, 2014	, if other than the
Effective date if applicable:	·	
	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ado by the shareholders was/were su	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	for the amendment(s) was/were sufficient for approval	
by	,.	
	(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} Decemb	er 14, 2014	
Signature	leilet Welch	<u></u>
	rector, president or other officer – if directors or officers have not been l, by an incorporator – if in the hands of a receiver, trustee, or other court	
	ed fiduciary by that fiduciary)	
	Michael T. Welch	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	