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SECRITARY OF STATE ALLAHASSEE, FLORING



COVER LETTER

TO: Amendment Section

Division of Corporations						
NAME OF CORPORATION:	ABLE	Cellular,	Fac,			
NAME OF CORPORATION: ABCO Cellular, Inc., DOCUMENT NUMBER: P13000078315						
The enclosed Articles of Amendment and fee are submitted for filing.						
Please return all correspondence concerning this matter to the following:						
	Bre	AT A Mo	cris			
		Name of Contact Person	1			
ABLO (OUD) or, inc.						
-	10) N	. Woodland	BIND # 310			
<u></u>	<u>Del</u>	La S FL - 3 City/ State and Zip Code	2720			
		055@aor.co				
	-					
n-ma	ii address: (to be used	for future annual report	nouncation)			
For further information concerning	ng this matter, please c	all:				
Brent A M	oris	at(_386				
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 S43 Cer	.75 Filing Fee & Lificate of Status	3\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)			
Mailing Addre Amendment Se Division of Co P.O. Box 6327 Tallahassee, FI	ection rporations	Street Address Amendment Section 4 12 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				

Articles of Amendment to Articles of Incorporation of

ABLO Cellula	
(Name of Corporation as current	tly filed with the Florida Dept. of State)
· ABCO Cellular, 7	Fnc. \$130000 78315 of Corporation (if known)
(Document Number of	of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	s Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	NA
name must be distinguishable and contain the word "corporati "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	101 N. Woodland Blud # 310
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	DeLand FL. 32720
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	101 N. Woodland Blud # 31 Deland FL 32720
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address Name of New Registered Agent	
(Florida s	treet address)
New Registered Office Address:	(City) (Zip Code)
	(Sity) (Exp Color)
New Registered Agent's Signature, if changing Registered Agen I hereby accept the appointment as registered agent. I am familiar A/A Signature of New	

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>y</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change			
Add			
Remove			
2) Change			
Add			
Remove			·
3)Change			
Add			-
Remove			
4) Change			
Add			
Remove			
5) Change			
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(Attach addition					_		•	

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If an amendme	nt provides fo	r an exchang	e, reclassifi ent if not c	cation, or	cance	llation of issued amendment itsel	shares,	
	licable, indica	te N/A)						
Pading -	Brent	Andrea	mor	ris	ξ	33 1/3 %	Owner	1 Shorehold
J			•					
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The date of each amendment(s) adoption:	01/01/2016	, if other than the
date this document was signed.	1 /	
Effective date if applicable:	(no more than 90 days after amendmen	nt Gla data)
	(no more than 90 days after amename)	n jne aaie)
Note: If the date inserted in this block does not document's effective date on the Department of		equirements, this date will not be listed as the
Adoption of Amendment(s) (CH	IECK ONE)	
The amendment(s) was/were adopted by the by the shareholders was/were sufficient for a	shareholders. The number of votes cast approval.	for the amendment(s)
☐ The amendment(s) was/were approved by the must be separately provided for each voting		
	ndment(s) was/were sufficient for approv	al
by(vot		^^
(vot	ting group)	
☐ The amendment(s) was/were adopted by the action was not required.	board of directors without shareholder as	ction and shareholder
☐ The amendment(s) was/were adopted by the action was not required.	incorporators without shareholder action	and shareholder
Dated		
Signature 5	9#M	
(By a director, presi	ident or other officer - if directors or off	icers have not been
selected, by an inco appointed fiduciary	orporator – if in the hands of a receiver, to by that fiduciary)	rustee, or other court
	Breut H. Morris (Typed or printed name of person signing	
,		g)
	Secretory Trasser	
	(Title of person signing)	