**Division of Corporations Electronic Filing Cover Sheet** 

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(((H15000221154 3)))



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Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : ASSOCIATED TAX CONSULTANTS GROUP,

Account Number: I20110000056

Phone : (305)823-9292 Fax Number : (305)824-0703

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \*\*

Email Address: ATC GIL @ YAhoo. Com

## COR AMND/RESTATE/CORRECT OR O/D RESIGN ABY'S NEW GENERATION RESEARCH, INC.

Certificate of Status	0
Certified Copy	0
Page Count	04
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SEP 1 5 2015

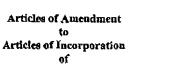
C. CARROTHERS

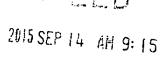
Electronic Filing Menu

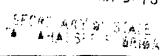
Corporate Filing Menu

Help

# H1S0002211543







ABY'S NEW	GENERATION RESEAR	CH, INC.
(Name of Corporation as cu	rrently filed with the Flo	rida Dept. of State)
_	PI4000020583	
(Document N	Number of Corporation (if I	cnown)
Pursuant to the provisions of section 617.1006, Florida Sumendment(s) to its Articles of Incorporation:	tatutes, this Florida Not F	or Profit Corporation adopts the following
A. If amending name, enter the new name of the corp	oration:	
name must be distinguishable and contain the word "cor "Company" or "Co." may not be used in the name.	poration" or "incorporate	The new d" or the abbreviation "Corp." or "Inc."
B. <u>Enter new principal office address, if applicable:</u> Principal office address <u>MUST BE A STREET ADDR</u>	<u>ESS</u> )	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
	· —	
<ol> <li>If amending the registered agent and/or registered new registered agent and/or the new registered off</li> </ol>	office address in Florida ice address:	enter the name of the
Name of New Registered Agent:	<del></del>	
New Registered Office Address:	(F	lorida street address)
		, Florida
	(City)	(Zip Code)
lew Registered Acent's Signature, If changing Registe hereby accept the appointment as registered agent. I a	ered Agent: m familiar with and accept	t the obligations of the position.
	Signature of New Region	tored Agant if changing

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#### H150002211543

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 X. Remove X. Add	<u>V</u> Mik	Mike Jones			
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s		
1) Change	S,T	ORLANDO ROQUE	7751 W 28TH AVE. #6B		
X Add			MALEAH, FL 33016		
Remove					
2) Change					
Add			<del> </del>		
Remove					
3)Change					
Add					
Remove					
4) Chango					
Add					
Remove	·				
5) Change			_		
Add					
Remove					
6)Change					
Add	<u> </u>				
Remove			<u> </u>		

### H150002211543

E. If amending or adding additional Arti	icles, enter change(s) here:
E. If amending or adding additional Arti (attach additional sheets, if necessary).	(Be specific)
	Western
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## H150002211543

	99/14/2015	
The	he date of each amendment(s) adoption:	if other than the
date	ite this document was signed.	
	09/14/2015	
Effe	ffective date if applicable:	
	(no more than 90 days after a	nendment file date)
	ote: If the date inserted in this block does not meet the applicable statu comment's effective date on the Department of State's records.	tory filing requirements, this date will not be listed as the
Ada	doption of Amendment(s) (CHECK ONE)	,
	The amendment(s) was/were adopted by the members and the numb was/were sufficient for approval.	or of votes cast for the amendment(s)
	There are no members or members entitled to vote on the amendment adopted by the board of directors.	nt(s). The amendment(s) was/were
	Dated 09/14/2015	
	M/	
	Signature #	
	(By the chairman of vice chairman of the board, p	resident or other officer-if directors
	have not been selected, by an incorporator - if in other court appointed fiduciary by that fiduciary)	the hands of a receiver, trustee, or
	ACIREMA RO	DRIGUEZ
	(Typed or printed nan	ne of person signing)
	PRESIDI	?NT
	(Title of p	erson signing)

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