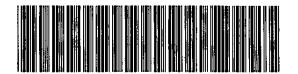
## ·P15000079919

(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	





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## **COVER LETTER**

TO: Amendment Section Division of Corporations
NAME OF CORPORATION: (AB FINANCE AND SOLUTION CINTUINC DOCUMENT NUMBER: P1500079919
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Inthony Brown
Name of Contact Person  CABFINANCE AND Solution (enter INC  Firm/ Company  2047 SE Hauthome Rd ?  Address
2047 SE Hauthome Rd ?
City/ State and Zip Code
<b>A</b>
E-mail address: (to be used for future annual report notification)
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Anthony Brown at (35) 224-8356  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 □\$43.75 Filing Fee & □\$43.75 Filing Fee
Certificate of Status  Certified Copy  (Additional copy is certified Copy  enclosed)  Certificate of Status  Certified Copy  (Additional Copy  is enclosed)
Mailing Address Street Address
Amendment Section  Division of Corporations  Division of Corporations  Division of Corporations
P.O. Box 6327 Clifton Building Tallahassee, Fl. 32314 2661 Executive Center Circle Tallahassee, Fl. 32301

## Articles of Amendment to Articles of Incorporation of

(Name of Corporation as current	tly filed with the Florida Dept. of State)
P15000079919 CABFINAN	CE AND SOLUTION CENTER INC 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:	Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the corporation:	
CAB FINANCE INC	The new
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 "P.A."
B. Enter new principal office address, if applicable:	2047 SE Howthorne Rd
(Principal office address <u>MUST BE A STREET ADDRESS</u> )	Coamesville F1 3264]
•	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	2047 SE Hawthorne Rd Coainesville Fl 32641
	Coarresville fl 3264
D. If amending the registered agent and/or registered office add	tress in Florida, enter the name of the
new registered agent and/or the new registered office address	
Name of New Registered Agent	
	9: 1 (STA) (BR
(Florida s	treet address)
New Registered Office Address:	Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agen	ıt:
I hereby accept the appointment as registered agent. I am familiar	with and accept the obligations of the position.
:	
•	
Signature of New	Registered Agent, if changing

	other than the
date this document was signed.	
Effective date if applicable: 15 (no more than 90 days after amendment file date)	
(no more than 90 days after amendment file date)	
<b>Note:</b> If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be document's effective date on the Department of State's records.	e listed as the
Adoption of Amendment(\$) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	
"The number of votes east for the amendment(s) was/were sufficient for approval	•
Hallon Bara . "	•
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated	
Signature Anthony B	
(By a director, president or other officer – if directors or officers have not been	
* selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
(Typed or printed name of person signing)	
(Typed or printed name of person signing)	
(Title of person signing)	
(Title of person signing)	<del></del>

•

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: XChange	<u>PT</u>	John Doe	
X Remove	<u>·</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1)Change			•
Add		٠, ٠,	
Remove		·	
2) Change			
Add			
Remove		•	
3 ) Change		<u></u>	
Remove	;		
4) Change		·	
Add			
Remove			•
5) Change		<u> </u>	
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Remove			
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amendment provides for an exc	hange, reclassificat		on of issued sha	res.
visions for implementing the ame	hange, reclassificat	ion, or cancellati	on of issued sha	res,
visions for implementing the ame	hange, reclassificatendment if not cont	ion, or cancellati	on of issued sha ndment itself:	res,
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