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R. WHITE FEB 0 2 2018

## **COVER LETTER**

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TO: Amendment Section
Division of Corporations

NAME OF CORPORATIO	N: Absol	lute Busines	s Corp		
P1860007695					
The enclosed Articles of Amo	endment and fee are sui	omitted for filing.			
Please return all corresponde	nce concerning this mat	ter to the following:			
<del></del>	TERI DELGA DO  Name of Contact Person				
		Firm/ Company			
152 SE CRESTWOOD CIR. Address					
STUART, FL 34997  City/ State and Zip Code					
E	teri bus	oiness@gm sed for future annual report	ail. Comnotification)		
For further information conc	erning this matter, pleas	se call:			
Ten Delgy Name of Con	ado	at ( 77 Z Area Co	) 333-6730 de & Daytime Telephone Number		
Enclosed is a check for the following amount made payable to the Florida Department of State:					
S35 Filing Fee C	3543,75 Filing Fee & Certificate of Status	Certified Copy (Additional copy is enclosed)	☐ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
P.O. Box	nt Section f Corporations	Amend Divisio Clifton 2661 E	Address Iment Section on of Corporations Building Executive Center Circle assec, FL 32301		

## Articles of Amendment to Articles of Incorporation of

FILED

18 FEB - I PH 3: 09

<b>~</b> .	
Absolut	HE BUSINESS Corp
	300007695
(Docume	ent Number of Corporation (if known)
rrsuant to the provisions of section 607.1006, Florida S Articles of Incorporation:	Statutes, this Florida Profit Corporation adopts the following amendment(
If amending name, enter the new name of the cor-	poration:
ame must be distinguishable and contain the word Corp" "Inc.," or Co" or the designation "Corp," or de designation "Corp," or the all	BUILDERS INC. The new "corporation." "company," or "incorporated" or the abbreviation "Inc." or "Co". A professional corporation name must contain the abbreviation "P.A."
. <u>Enter new principal office address, if applicable:</u> Principal office address <u>MUST BE A STREET ADDR</u>	RESS )
on the state of th	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	<u> </u>
. If amending the registered agent and/or registers	ed office address in Florida, enter the name of the
new registered agent and/or the new registered o	office address:
Name of New Registered Agent	
<del></del>	(Florida street address)
New Revistered Office Address:	, Florida
THE THE STATE OF THE PARTY SING.	(City) (Zip Code)
new registered agent and/or the new registered o	(Florida street address)
New Registered Agent's Signature, if changing Registered agent.	istered Agent: I am familiar with and accept the obligations of the position.
nereon accept the appointment as regimered agent.	
Signa	ature 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.

Example: X Change	PI	John Do	<u>uc</u>	
X Remove	<u>v</u>	Mike Jo	nes	
X Add	<u>sv</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
i) Change				
Add				
Remove				
2) Change		_		
Add				
Remove				
3 ) Change		_		
Add				
Remove				
4) Change				
Add				
Remove				
5) Change		<u> </u>		
Add				
Remove				
6) Change				
Add				
Remove				

Attach additional sheets, if necessary).	(Be specific)	
		<del> ·</del> -
	<del>-</del>	
f an amendment provides for an excl	hange, reclassification, or cancellation of issued shares,	
(if not applicable, indicate N/A)	endment if not contained in the amendment itself:	
7		
<u> </u>		
		<u>,</u>

. The date of each amendment(s) adoption:	1-20-2018	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :	1-20-2018 (no more than 90 days after amendment	Gla detal
	(no more than 90 days after amenament)	jue naie)
Note: If the date inserted in this block does no document's effective date on the Department of S	t meet the applicable statutory filing requirate's records.	uirements, this date will not be listed as the
Adoption of Amendment(s) (CHE	ECK ONE)	
☐ The amendment(s) was/were adopted by the siby the shareholders was/were sufficient for ap	hareholders. The number of votes cast fo oproval.	or the amendment(s)
☐ The amendment(s) was/were approved by the must be separately provided for each voting to	shareholders through voting groups. The group entitled to vote separately on the a	following statement mendment(s):
"The number of votes cast for the amend	dment(s) was/were sufficient for approval	1
by	ng group)	
(voti	ng group)	
The amendment(s) was/were adopted by the baction was not required.	oard of directors without shareholder act	ion and shareholder .
The amendment(s) was/were adopted by the is action was not required.	ncorporators without shareholder action a	and shareholder
Dated   .	20.2018	
Signature	i Delgado	
(By a director, president)	dent or other officer - if directors or offic	ers have not been
selected, by an inco appointed fiduciary	rporator – if in the hands of a receiver, truby that fiduciary)	istee, at outer court
	eri <u>Delgado</u> Typed or printed name of person signing)	
('	Typed or printed name of person signing)	ı
<u> </u>	President	
	(Title of person signing)	