P18000086296

(Requestor's Name)
(Address)
(Address)
(
(City)(Casto / Ziry)(Dlasso #0
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
, , ,
(Document Number)
(Booth Manually
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COVER LETTER

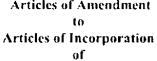
TO: Amendment Section

Division of Corporations

NAME OF CORPO	ORATION: Absolute Billing &	Consultin Group, Inc	
DOCUMENT NUM	P18000086296		
The enclosed Article	es of Amendment and fee are su	ibmitted for filing.	
Please return all cor	respondence concerning this ma	tter to the following:	
	Marcela Johansen		
		Name of Contact Person	1
	ABsolute Billoing & Consult	ing Group, Inc.	
		Firm/ Company	
	1912 SE Dion Ave	, ,	
	100	Address	
	Port ST. Lucie, Florida 3495	2	
		City/ State and Zip Code	2
mai	rcela@abegmedical.com		
		sed for future annual report	notification)
		to the factor annual report	, ionicalism,
For further informat	ion concerning this matter, pleas	se call:	
Marcela Johansen		786	7189053
Nam	e of Contact Person	at (de & Daytime Telephone Number
			·
Enclosed is a cheek	for the following amount made	payable to the Florida Depa	rtment of State:
S35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
<u>M</u>	ailing Address	Street .	<u>Address</u>
	mendment Section		ment Section
	vision of Corporations		n of Corporations
	O. Box 6327		Building
t a	illahassee, FL 32314	2661 E	xecutive Center Circle

Tallahassee, FL 32301

Articles of Amendment



Absolute Billing & Consulting Group, Ir	nc.	نال 1919	! -5 PH 1:46
(Name	of Corporation as currentl		
P18000086296		*	A STE
	(Document Number of	f Corporation (if known)	
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, this	Florida Profit Corporation	adopts the following amen
A. If amending name, enter the new n	ame of the corporation:		
name must be distinguishable and con "Corp ," "Inc.," or Co.," or the design word "chartered," "professional associa	nation "Corp," "Inc," or "	Co". A professional corp	
B. Enter new principal office address,	if applicable:		
Principal office address MUST BE A S	TREET ADDRESS		
		·	
			
C. Enter new mailing address, if appl	icable:		
(Mailing address MAY BE A POST	<u>OFFICE BOX</u>)		
			· · · · · · · · · · · · · · · · · · ·
 If amending the registered agent ar new registered agent and/or the ne 			rame of the
	Marcela Johansen	<u>.</u>	
Name of New Registered Agent	1912 SE Dion Ave		
	(Florida stra	ret address)	24052
New Registered Office Address:		// Yess	, Florida
		(City)	(Zip Codv)
New Registered Agent's Signature, if c	hanging Registered Agent:		
hereby accept the appointment as regist			ons of the position.
	Signature of New R.	egistered Agent, if changin	g

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, 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; Constitution of the Constant of the Cons

Changes should be noted in the following manner. Currently John Doc is listed as the PST and Mike Jones is listed as the a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	PT	John Doc	
X Remove	\underline{V}	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
I) Change	P	Marcela Pfeiffer	1912 SE Dion Ave
Add			Port St. Lucie, Fl 34952
X Remove			
2) Change	P	Marcela Johansen	1912 SE Dion Ave
X Add			Port St. Lucie, Fl 34952
Remove			
3) Change			
Add			·
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

ach <i>additional shee</i>	ts, if necessary).	(Be specific)				
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		<u>-</u> -				
						
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n amendment prov	vides for an excl	hange, reclassif	ication, or cance	ellation of issued	shares.	
<u>ovisions for impler</u>	nenting the ame	endment if not c	ontained in the	amendment itsel	<u> f:</u>	
(if not applicable,	indicate N/A)					
 -	-		 -		- -	
						
	<u></u>					
						

07/01/2019	
The date of each amendment(s) adoption:	, if oth
date this document was signed.	
Effective date if applicable:	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, t document's effective date on the Department of State's records.	his date will not be li
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes east for the amend by the shareholders was/were sufficient for approval.	ment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following so must be separately provided for 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	
by	
 The amendment(s) was/were adopted by the board of directors without shareholder action and share action was not required. The amendment(s) was/were adopted by the incorporators without shareholder action and sharehold action was not required. 	
Signature (Byla director, president-or other officer – if directors or officers have not selected, by an incorporator – if in the hands of a receiver, trustee, or othe appointed fiduciary by that fiduciary) (Typed or printed name of person signing)	
184 25 CW-1-	*
(Title of person signing)	