Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H20000353169 3)))



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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : AB ALL SERVICES INC

Account Number : I20200000155 : (305)882-1238 Phone Fax Number : (305)882-1260

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

Email Address:_

COR AMND/RESTATE/CORRECT OR O/D RESIGN CHABELI CARDENAS CORP

Certificate of Status	0
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Page Count	01
Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing Menu

Help

OCT 1 4 2020

Good afternoon,

We are amending the registered agent address and the officer agent address.

Thank you

850-617-6381 10/13/2020 3:14:33 PM PAGE 1/001 Fax Server



FLORIDA DEPARTMENT OF STATE Division of Corporations

October 13, 2020

CHABELI CARDENAS CORP 495 EAST 45 ST HIALEAH, FL 33013US

SUBJECT: CHABELI CARDENAS CORP

REF: P20000075240

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Rebekah White FAX Aud. #: H20000353169

Regulatory Specialist II Supervisor Letter Number: 420A00020168

Articles of Amendment to Articles of Incorporation

	Articles of I	ncorporation -			
Chroli	Cardenas (010 Su			
		itly filed with the Florida	Dept. of State)		_
cq	2452F00000)			
	(Document Number	of Corporation (if known))		
Pursuant to the provisions of section 607.1 its Articles of Incorporation:	006, Florida Statutes, thi	s Florida Profit Corporat	ion adopts the following s	mendment(s	i) to
A. If amending name, enter the new na	me of the corporation:				
				he new	
name must be distinguishable and contain "Inc.," or Co.," or the designation "Ci "chartered," "professional association,"	orp," "Inc," or "Co".	A professional corporat	ated" or the abbreviation ion name must contain i	"Corp.," the word	
B. Enter new principal office address, i (Principal office address MUST BE A ST					
C. Enter new mailing address, if application (Mailing address MAY BE A POST C					
					
D. If amending the registered agent and new registered agent and/or the new			ne name of the		
Name of New Registered Agent	Chabeli Ca				
	495 East		 		
•	(Florida :	treet address)			
New Registered Office Address:	Hialeah	(Clay)	, Florida_330\		
		(Clry)	(Zip Cod	<i>(6)</i>	
New Registered Agent's Signature, if ch I hereby accept the appointment as registe			gations of the position.	N .	٠
			, ,	20 001	
	Signature of New	Registered Agent, if change		<u>.</u> .	
Check if applicable	5 - 5 - 5	5 5 5	· •		[9E
☐ The amendment(s) is/are being filed po	irsuant to s. 607.0120 (11) (e), F.S.		жеоажтен МП: 03	STATE

Example:

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 us a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

₹_Cuange	<u>r 1</u>	John Doe	
X Remove	Y	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Name	Address
1) X Change	D	Chabeli Cardenas	495 East 45st
Add			Hialeah Fl 33013
Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
A dd			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

(Aπach a	idditional she	ng additional ets, if necessar	ry). (Be sp	pecific)	4.			
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provision	ons for imple	ovides for an ementing the endicate N/A	amendment	eclassification If not conta	on, or cancells ined in the an	ition of issues nendment Its	I shares, elf:	
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The date of each amendment(s) ad date this document was signed.	option: 10-13-1030)	, if other than the
Effective date if applicable:			
	(no more than 90 days o	aster amendment sile date)	
Note: If the date inserted in this bid document's effective date on the De	ock does not meet the applicable statement of State's records.	atutory filing requirements, this date wi	Il not be listed as the
Adoption of Amendment(s)	(CHECK ONE)		
The amendment(s) was/were ado action was not required.	pted by the incorporators, or board of	f directors without shareholder action and	d shareholder
☐ The amendment(s) was/were ado by the shareholders was/were sur		er of votes cast for the amendment(s)	
	roved by the shareholders through vo each voting group entitled to vote sep	oting groups. The following statement parately on the amendment(s):	
"The number of votes cast i	or the amendment(s) was/were suffic	cient for approval	
by			
	(voting group)		
Dated	3-2020		
Signature	orden!		
selected	ector, president or other officer - if c by an incorporator - if in the hands d fiduciary by that fiduciary)		
	Chabeli Cardena	ک ر	
•	(Typed or printed name of	person signing)	
	President		
	(Title of person signing)		