D24000056985

(Re	questor's Name)	
bA)	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to		
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800438979278

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	ORATION: ABEL ENGINEER	RING CORPORATION	<u>.</u>
	1BER: P24000056985		
	s of Amendment and fee are su	bmitted for filing.	
Please return all con	respondence concerning this ma	atter to the following:	
	Abel Haynes		
		Name of Contact Person	n
	ABEL ENGINEERING CO	RPORATION	
	<u></u>	Firm/ Company	
	402 Seagate Ln S		
		Address	
	Saint Augustine, FL 32084		
		City/ State and Zip Cod	c
	axel.solutions.incorporated@	gmail.com	
	, ,	sed for future annual report	notification)
For further informat Abel Haynes	ion concerning this matter, plea		
Nam	e of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check	for the following amount made	payable to the Florida Dep.	artment of State:
S35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Cortified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Amend Divisio The C	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

ABEL ENGINEERING CORPORATION

(Name of	Corporation as curren	itly filed with the Fl	orida Dept. of State)	
24000056985			•	
	(Document Number	of Corporation (if ki	iown)	
ursuant to the provisions of section 607.1 s Articles of Incorporation:	006, Florida Statutes, th	is Florida Profit Cor	poration adopts the follow	ring amendment(s)
. If amending name, enter the new na-	me of the corporation:			
XEL SOLUTIONS INCORPORATED				The new
ume must be distinguishable and contain t Inc.," or Co.," or the designation "Co chartered," "professional association," o	orp," "Inc." or "Co".	A professional cor		tion "Corp.,"
. Enter new principal office address, it	fapolicable:	N/A		
Principal office address <u>MUST BE A ST</u>				
			<u> </u>	777
Enter new mailing address, if applic		N/A		:::
(Mailing address MAY BE A POST O	FFICE BON			· :
			•	
. If amending the registered agent and	l/or registered office ad	ldress in Florida, en	ter the name of the	'.,
new registered agent and/or the new				
Name of New Registered Agent	N/A			
-	(Florida .	street address)		 -
New Registered Office Address;	N/A	(City)	, Florida	
New Registered Office Address;			(Zi	

Check if applicable

The amendment(s) is/are being filed pursuant to s. 607,0120 (11) (e). F.S.

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.

X Change	<u>PT</u>	<u>John Do</u>	<u>e</u>	
X Remove	<u>V</u>	Mike Jor	nes	
X Add	<u>SV</u>	Sally Sn	<u>iith</u>	
<u>Fype of Action</u> (Check One)	<u>Title</u>		Name	Address
1) Change		_		
Add				
Remove				
2) Change		_		
Add				
Remove 3.) Change		_		
Add				
Remove				
4) Change		****		
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change		_		
Add				
Remove				

. If amending or adding additional Arti (Attach additional sheets, if necessary).	(Be specific)	
!/A		

If an amendment provides for an exch	hange, reclassification, or cancellation of issued shares,	
provisions for implementing the ame	endment if not contained in the amendment itself:	
(if not applicable, indicate N/A)		
!/A 		
·		

. .

	adoption:	, if other than the
Effective date <u>if applicable</u> :	tno more than 90 days after amendi	nent file date)
Note: If the date inserted in this document's effective date on the	block does not meet the applicable statutory filing Department of State's records.	g requirements, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were a action was not required.	dopted by the incorporators, or board of directors w	rithout shareholder action and shareholder
The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes ca sufficient for approval.	ast for the amendment(s)
	pproved by the shareholders through voting groups. or each voting group entitled to vote separately on t	
"The number of votes ca	st for the amendment(s) was/were sufficient for app	roval
hy N/A		:
	(voting group)	
Dated / /	24	
Signature (Q)	bel theyner	
(By a selec	director, president or other officer - if directors or of ted, by an incorporator - if in the hands of a receive inted fiduciary by that fiduciary)	
	Abel Haynes	
	(Typed or printed name of person sign	ning)
	President	
	(Title of person signing)	