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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORAT	ION: ANDERSON BUS	INESS SERVICES INC	
DOCUMENT NUMBER	: P95000023100		
The enclosed Articles of A		bmitted for filing.	
Please return all correspon	dence concerning this ma	tter to the following:	
RO	BERT L. ANDERSON, J	RA	
		Name of Contact Person	1
AN	DERSON BUSINESS SE	ERVICES INC	
		Firm/ Company	
332	WEST BEARSS AVE		
_	.	Address	
TA	MPA, FL 33613		
		City/ State and Zip Cod	è
STEPHA	NIE@ABSACCOUNTIN	G,COM	
	E-mail address: (to be us	sed for future annual report	notification)
For further information co	ncerning this matter, pleas	se call:	
ROBERT L. ANDERSON	UR. EA	at (<u></u> 813	910-0100 de & Daytime Telephone Number
Name of Contact Person		Area Co	de & Daytime Telephone Number
Enclosed is a check for the	following amount made	payable to the Florida Depa	artment of State:
S35 Filing Fee	☐S43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Amendr Divisior P.O. Bo	Address nent Section of Corporations x 6327 see, F1, 32314	Amend Divisio Clifton	Address Iment Section on of Corporations Building Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

20	5//
SEO SEC.	" ED
SECTION.	AM 8:42

ANDERSON BUSINESS SERVICES,INC.

(Name of Corporation as currently	filed with the Florida Dept. of Stato
P95000023100	C. ESTE
(Document Number of	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>I</i> its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc." or "C word "chartered," "professional association," or the abbreviation "I	Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	
C. Enter new mailing address, if applicable:	
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)	
	9-9-7-
D. If amending the registered agent and/or registered office addr new registered agent and/or the new registered office address:	
new registered agent and/or the new registered office aduress:	
Name of New Registered Agent	
(Florida stre	and the second
New Registered Office Address:	, Florida
•	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent:	
hereby accept the appointment as registered agent. I am familiar w	eith and accept the obligations of the position.
Signature of New Ro	egistered 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	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	VP	SARAH A. BALL	332 W. BEARSS AVE
Add			TAMPA FL 33613
X Remove			
2) Change		<u> </u>	
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change	••••		
Add			
Remove			
6) Change			
Add			
Remove			

	(Be specific)
	
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	N
<u>If an amendment provides for an excl</u>	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)	

,	10/05/2018
	The date of each amendment(s) adoption:
	date this document was signed.
	Effective date <u>if applicable</u> : (no more than 90 days after amendment file date)
	(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, this date will not be listed as the document's effective date on the Department of State's records.
	Adoption of Amendment(s) (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 cast for the amendment(s) was/were sufficient for approval
	by
	(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.
	11/29/2018
	Dated
	Signature Signature
	(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)
	ROBERT L. ANDERSON JR
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)