03/08/2016 5:00 PM FAX Division of Corporations

## 0001295

## Florida Department of State Division of Corporations **Electronic Filing Cover Sheet**

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To:

Division of Corporations

Fax Number

: (850)617-6380

from:

Account Name : EAGLE TAX REPRESENTATION, CORP.

Account Number : | 120070000037

Phone: Fax Number

: (954)532-3842 : (954)532-3847

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

## COR AMND/RESTATE/CORRECT OR O/D RESIGN

OPTION TILE, INC.

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C. CARROTHERS

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COVER	LETTER	
TO: Amendment Section Division of Corporations		
NAME OF CORPORATION: OPTION TILE, INC.		
DOCUMENT NUMBER: P05000129522		
The enclosed Articles of Amendment and fee are submitted for filing	)s.	
Please return all correspondence concerning this matter to the follow	ving;	
MARCOS N DIAS		
Name of Co	ntact Person	
EAGLE TAX REPRESENTATION, CORP		
Firm/ C	отрапу	
5493 WILES ROAD STE 105		
Λdc	Iress	
COCONUT CREEK FL 33073		
City/ State a	nd Zip Code	
<b>,</b>		
paulo@eagle-tax.com		
E-mail address: (to be used for future or	nual report notification)	
For further information concerning this matter, please call:		
Paulo Oliveira, EA	954 532-3842	
Name of Contact Person	Area Code & Daytime Telephone Number	
Enclosed is a check for the following amount made payable to the P	lorida Department of State:	
S35 Filing Fee U\$43.75 Filing Fee & U\$43.75 Filing Fee & Certificate of Status Certified C (Additional enclosed)	opy Certificate of Status	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FI. 32314	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassec, FL 32301	

## Articles of Amendment to Articles of Incorporation

	qr
OPTION TILE, INC.	
(Name of Cornoration as curre	ently filed with the Florida Dent, of State)
05000129522	
(Document Number	r of Corporation (if known)
ursuant to the provisions of section 607.1006, Florida Statutes, the Articles of Incorporation:	his Florida Profit Corporation adopts the following amendment(s) to
If amending name, enter the new name of the corporation:	
	The new
ame must he distinguishable and contain the word "corpora Corp.," "Inc.," or Co.," or the designation "Corp." "Inc," o ord "chartered," "professional association," or the abbreviatio	r "Co". A professional corporation name must contain the
Enter new principal office address, if applicable; Principal office address <u>MUST BE A STREET ADDRESS</u> )	<u> </u>
	AR H
	3A 1
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
	NAME OF THE PROPERTY OF THE PR
. If amending the registered agent and/or registered office as new registered agent and/or the new registered office addr	
HEW TESISTERED ASSET MUDALITHE HEW LESSIFIED OFFICE AUGIT	<del></del>
Name of New Registered Assent	
(I) a side	street address)
(гіогша	surcei anaress)
New Registered Office Address:	(City) , Florida (Zip Code)
	(Lip Code)
ew Registered Agent's Signature, if changing Registered Ayu hereby accept the appointment as registered agent. I am familia	
Signature of New	w 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:

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, Sully Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sully Smith, SV as an Add.

Example: X Change	<u> </u>	John Doc		
_				
X Remove	<u>v</u>	Mike Jones		
_X Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	<u>Title</u>	Name:		Address
1)Change	D	Luccene J Vertus		9769 Arbor Oaks Lanc Apt 302
XAdd				Boca Raton Fl. 33428
Remove				
2) Change		_	<del></del>	
Remove			,	
3 )Change				<del></del>
Add				
Remove				
4) Change				
Remove				
5) Change				
Remove				
6) Change				
Add				
Darran				

(Be specific)	
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nange, reclassification	or cancellation of issued shares,
nange, reclassification adment if not contain	or exocellation of issued shares, ad in the amendment itself:
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ange, reclassification adment if not contain	or cancellation of issued shares, ed in the amendment itself:
	(Be specific)

03-08-2016	
The date of each amendment(s) adoption:	, if other than the
date this document was signed. 03-08-2016	
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 appl document's effective date on the Department of State's records.	icable statutory liling requirements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders. The by the shareholders was/were sufficient for approval.	ne number of votes east for the amendment(s)
The amendment(s) was/were approved by the shareholders the must be separately provided for each voting group entitled to	
"The number of votes east for the amendment(s) was/w	ere sufficient for approval
by	,n
(voting group)	
☐ The amendment(s) was/were adopted by the hoard of director action was not required.	s without shareholder action and shareholder
The amendment(s) was/were adopted by the incorporators wi action was not required.	thout shareholder action and shareholder
03-08-2016	
DatedA	
M/I\-\_a_	
Signature (1)	7 10 11 10 11
	icer - if directors or officers have not been he hands of a receiver, trustee, or other court
appointed fiduciary by that fiduciary	
Marcos N Dias	
(Typed or printed	inhme of person signing)
President	
Chiq	of person signing)