P05000140431

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☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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Special Instructions to Filing Officer:

Diana Soto advised to make all corrections

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Amend/cc/cus

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FILED
06 JUL 31 AM 10:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: GOOD 2 GO NOTARY SERVICES CORP

DOCUMENT NUMBER: P05000140431

The enclosed ***Articles of Amendment*** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

DIANA SOTO
(Name of Contact Person)

GOOD 2 GO NOTARY SERVICES CORP
(Firm/ Company)

7025 W. WATERS AVE SUITE 255
(Address)

TAMPA, FL., 33634
(City/ State and Zip Code)

For further information concerning this matter, please call:

DIANA SOTO at (813) 541-5805
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☐ $35 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 Certified Copy (Additional Copy is enclosed)

Mailing Address
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment
to
Articles of Incorporation
of

FILED
06 JUL 31 AM 10: 00
TALLAHASSEE, FLORIDA

GOOD 2 GO NOTARY SERVICES CORP.
(Name of corporation as currently filed with the Florida Dept. of State)

P05000140431
(Document number of corporation (if known)

Pursuant to the provisions of section 607.1006, Florida Statutes, this ***Florida Profit Corporation*** adopts the following amendment(s) to its Articles of Incorporation:

NEW CORPORATE NAME (if changing):

____

(Must contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.")
(A professional corporation must contain the word "chartered", "professional association," or the abbreviation "P.A.")

AMENDMENTS ADOPTED- (OTHER THAN NAME CHANGE) Indicate Article Number(s) and/or Article Title(s) being amended, added or deleted: (BE SPECIFIC)

Art II Principal Place of Business Address: 11878 Linden Dr. Spring Hill Fl., 34608.

Art III Mailing Address of the Corporation: 11878 Linden Dr. Spring Hill Fl., 34608.

Art VI Address of the Incorporator:
11878 Linden Dr. Spring Hill, Fl., 34608.

Art VII Inicial Officer(s) and/or Director(s)
(P) Diana S Soto, 11878 Linden Dr. Spring Hill, Fl., 34608.

(Attach additional pages if necessary)

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

(continued)

The date of each amendment(s) adoption: 06/23/2006

Effective date if applicable: 06/23/2006
(no more than 90 days after amendment file date)

Adoption of Amendment(s) **(CHECK ONE)**

☑ The amendment(s) was/were approved 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.

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)

Diana S Soto
(Typed or printed name of person signing)

Vice President.
(Title of person signing)

FILING FEE: $35