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SECRETARY OF STATE

JOHN CONS

COVER LETTER

TO: Amendment Section Division of Corporations

	AATION: A And Acco		vice & More, Inc.		
The enclosed Articles	of Amendment and fee are sul	omitted for filing.			
Please return all corres	pondence concerning this mat	ter to the following:			
	Nelidia Colon				
•		Name of Contact Person	, , , , , , , , , , , , , , , , , , ,		
	A And A Tax Serv	vice & More Inc			
•		Firm/ Company			
	710 E Main St Ste B				
•		Address			
	Bartow FI 33830				
•		City/ State and Zip Code	:		
neli	diacolon@yahoo.	com			
		ed for future annual report	notification)		
	,	•	•		
For further information	concerning this matter, pleas	e call:			
Nelidia Color	1	at (863	853-5555		
Name of Contact Person			de & Daytime Telephone Number		
Enclosed is a check for	r the following amount made p	payable to the Florida Depa	rtment of State:		
■ \$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		Street .	Address		
	ndment Section	Amendment Section			
	sion of Corporations	Division of Corporations			
P.O. Box 6327 Tallahassee, FL 32314		Clifton Building 2661 Executive Center Circle			

Tallahassee, FL 32301

Articles of Amendment **Articles of Incorporation**

A And Accounting Tax Service & More Inc.

(Name of Corporation as currently filed with the Florida Dept. of State)

nt(s) to

P08000107011			
(Document Number	r of Corporation (if	Known)	
Pursuant to the provisions of section 607.1006, Floits Articles of Incorporation:	orida Statutes, this F	lorida Profit Corporation add	opts the following amendmen
A. If amending name, enter the new name of the	e corporation:		
A And A Tax Service & More II	nc.		The new
name must be distinguishable and contain the "Corp.," "Inc.," or Co.," or the designation "C word "chartered," "professional association," or	orp," "Inc," or "C	o". A professional corporat	ated" or the abbreviation
B. Enter new principal office address, if applica (Principal office address MUST BE A STREET A		· · · · · · · · · · · · · · · · · · ·	
			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	BOX)		
D. If amending the registered agent and/or reginew registered agent and/or the new register		ss in Florida, enter the nam	e of the
Name of New Registered Agent			
	(Florida stree	t address)	
New Registered Office Address:		, Florida_	
	(City)		(Zip Code)
New Registered Agent's Signature, if changing I hereby accept the appointment as registered agen	nt. I am familiar wi		of the position.
Signature o	f New Registered Ag	ent, 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 <math>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			
Add			
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add		•	
Remove			
6) Change		_	
Add			
Remove			

	lditional shee	ets, if necessary).	icles, enter chan (Be specific)			
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provision	ns for imple	wides for an exclude menting the ame e, indicate N/A)	hange, reclassific endment if not co	ation, or cancell intained in the ai	ation of issued s mendment itself	hares,
	<u> </u>					
						

The date of each amendment	(s) adoption: 12/1/2014	, if other than the
date this document was signed.		
Effective date if applicable:	12/1/2014	
	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/wer by the shareholders was/we	e adopted by the shareholders. The number of votes cast for the amendment(s) are sufficient for approval.	
	e approved by the shareholders through voting groups. The following statement d 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/wer action was not required.	e adopted by the board of directors without shareholder action and shareholder	
The amendment(s) was/wer action was not required.	e adopted by the incorporators without shareholder action and shareholder	
Dated 12/1	0/2014	
Signature	media fla	
	y a director, president or other officer - if directors or officers have not been	·····
	lected, by an incorporator - if in the hands of a receiver, trustee, or other court	
ар	pointed fiduciary by that fiduciary)	
	Nelidia Colon	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	· :