P0900000027273

| (Requestor's Name) | | | | | | |
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| PICK-UP | WAIT | MAIL | | | | |
| (Business Entity Name) | | | | | | |
| (Document Number) | | | | | | |
| Certified Copies | _ Certificates | s of Status | | | | |
| Special Instructions to Filing Officer: | | | | | | |
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C. LEWIS

MAR 2 4 2014

EXAMINER

COVER LETTER

Division of Corporations NAME OF CORPORATION: A & D TAX & NULTIPLE SERVICES INC DOCUMENT NUMBER: P09000027273 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: ANTONIO JEAN CHARLES Name of Contact Person A & D TAX & MULTIPLE SERVICES INC Firm/ Company Address City/ State and Zip Code ADTAX5363@GMAIL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: ANTONIO JEAN CHARLES Name of Contact Person Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: ■ \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) Mailing Address

TO: Amendment Section

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

APPROVEU AND FILED

Articles of Amendment to Articles of Incorporation

14 MAR 24 PH 3: 45

A & D TAX & MULTIPLE SERVICES INC

SECRETARY OF GRAPE FALL AND SSEE, PLOKIDA

(Name of Corporation as currently filed with the Florida Dept. of State) P09000027273 (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: A. If amending name, enter the new name of the corporation: name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." 4699 NORTH STATE RD 7 B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) SUITE F TAMARAC FL 33319 C. Enter new mailing address, if applicable; 7140 HOOD ST (Mailing address MAY BE A POST OFFICE BOX) **HOLLYWOOD FL 33024** D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent (Florida street address) Florida New Registered Office Address: (Zip Code) (City) New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New 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:

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 | PT | John Do | <u>oe</u> | | | |
|-------------------------------|-------------|-------------|-----------|-----------------|--|--|
| X Remove | ¥ | Mike Jones | | | | |
| X Add | <u>\$V</u> | Sally Sr | nith | | | |
| Type of Action (Check One) | Title | | Name | <u>Addres</u> s | | |
| 1) Change | | | | | | |
| Add Remove | | | | | | |
| 2) Change | | www. | | | | |
| Add | | | | | | |
| Remove | | | | | | |
| 3) Change | | <u></u> | | | | |
| Add | | | | | | |
| Remove | | | | | | |
| 4) Change | | _ | | | | |
| Add | | | | | | |
| Remove | | | | | | |
| 5) Change | | _ | | | | |
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| If an amendment provides for an exchiprovisions for implementing the amer (if not applicable, indicate N/A) | ange, reclassification, or cancellation of issued shares, adment if not contained in the amendment itself: |
| provisions for implementing the amer | ange, reclassification, or cancellation of issued shares, andment if not contained in the amendment itself: |
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| provisions for implementing the amer | ange, reclassification, or cancellation of issued shares, adment if not contained in the amendment itself; |



| date this document was signed. | option: | # 24 | , it outer that the |
|---|---|--|---------------------|
| | SECR | CHARY OF STATE | |
| Effective date <u>if applicable</u> : | ndment file date) | | |
| | | | |
| Adoption of Amendment(s) | (<u>CHECK ONE</u>) | | |
| The amendment(s) was/were add by the shareholders was/were su | pted by the shareholders. The number of votes flicient for approval. | cast for the amendment(s) | |
| | roved by the shareholders through voting group each voting group entitled to vote separately of | | |
| "The number of votes cast | for the amendment(s) was/were sufficient for ap | pproval | |
| by | (voting group) | .,,, | |
| | (voting group) | | |
| The amendment(s) was/were add action was not required. | pted by the board of directors without sharehole | der action and shareholder | |
| The amendment(s) was/were add | pted by the incorporators without shareholder a | retion and shareholder | |
| action was not required. | t f . | iction and sharpholder | |
| Dated | 3/16/14 | | |
| Signature | FIR | · · · · · · · · · · · · · · · · · · · | |
| \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ | rector, president bather officer - if directors of, by an incorporator if in the hands of a recei | or officers have not been | |
| | ed fiduciary by that fiduciary) | ve, ausec, or once come | |
| | ANTONIO JEAN CHARLES | | |
| | (Typed or printed name of pe | erson signing) | |
| | PRESIDENT | | |
| | (Title of person signi | ing) | |