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SECRETARY OF STATE

Amendano

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: BEE SQUARE TA	AX CONSULTATION AN	D SERVICE, INC.
DOCUMENT NUMB	P96000008108		
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this ma	tter to the following:	
		REBECCA L WILLIAMS	
•		Name of Contact Person	1
	BEE SQUARE T	TAX CONSULTATION A	ND SERVICE, INC.
•	 	Firm/ Company	
	1650 \$	SAND LAKE RD SUITE 1	15
•		Address	
		ORLANDO, FL, 32809)
•		City/ State and Zip Cod	e
	REBEC	CA@BEESQUARETAX.0	СОМ
		sed for future annual report	
For further information	concerning this matter, please	se call:	
REBECCA L WILLIA	AMS	at (407	851-4037
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:
□ \$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 		Amend Divisio Clifton	Address Iment Section on of Corporations Building Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

BEE SQUARE TAX CONSUL	TATION AND SERVICE, INC.
(Name of Corporation as cu	rrently filed with the Florida Dept. of State)
P960	000008108
(Document Num	nber of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statute its Articles of Incorporation:	s, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation	on:
	The new
	oration," "company," or "incorporated" or the abbreviation " or "Co". A professional corporation name must contain the ation "P.A."
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 MAY BE A POST OFFICE BOX)	
	977 2.
	The state of the s
D. If amending the registered agent and/or registered offic new registered agent and/or the new registered office ac	
Name of New Registered Agent	
Nume of New Registered Agent	
	rida street address)
•	·
New Registered Office Address:	, Florida (City) (Zip Code)
New Registered Agent's Signature, if changing Registered . I hereby accept the appointment as registered agent. I am fan	
i nervoy accept the appointment as registered agent. I um jun	minar 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 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>	Name	<u>Addres</u> s
1) Change	P	BERNARD BAZENSKY	1650 SAND LAKE RD STE 115
Add			ORLANDO, FL. 32809
X Remove			
2) X Change	P/S	REBECCA L WILLIAMS	1650 SAND LAKE RD STE 115
Add		-	ORLANDO, FL. 32809
Remove			
3) Change			
Add			
Remove			
4) Change			
Add	- ·		
Remove			
- 			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

If an amendment provides for an 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)	cellation of issued shares, e amendment itself:	ment provides for an exchange, reclassification, or cancellation of issued shares, for implementing the amendment if not contained in the amendment itself: applicable, indicate N/A)	f amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)
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The date of each amendmen		, if other than the
date this document was signed	JUNE 23, 2016	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file a	date)
	this block does not meet the applicable statutory filing requiren he Department of State's records.	nents, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/we by the shareholders was/w	re adopted by the shareholders. The number of votes cast for the ere sufficient for approval.	amendment(s)
	re approved by the shareholders through voting groups. The followed for each voting group entitled to vote separately on the amena	
	s cast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voling group)	
☐ The amendment(s) was/we action was not required.	re adopted by the board of directors without shareholder action as	nd shareholder
☐ The amendment(s) was/we action was not required.	re adopted by the incorporators without shareholder action and sh	nareholder
	Y 5, 2016	
Dated Signature _	Believe L William	
,	by a director, president or other officer – if directors or officers ha	
	elected, by an incorporator – if in the hands of a receiver, trustee, oppointed fiduciary by that fiduciary)	or other court
	REBECCA L WILLIAMS	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	