

P97080055134

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

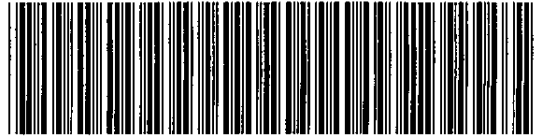
(Business Entity Name)

(Document Number)

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07 NOV -5 AM 8:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

Amend

C. Coulters NOV 07 2007

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: SOUTH FLORIDA TAX, INC.

DOCUMENT NUMBER: P97000055134

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

Please return all correspondence concerning this matter to the following:

SCOTT E. ITKIN
(Name of Contact Person)

SOUTH FLORIDA TAX
(Firm/ Company)

5001 S. UNIVERSITY DRIVE, SUITE B
(Address)

DAVIE, FL 33328
(City/ State and Zip Code)

For further information concerning this matter, please call:

SCOTT E. ITKIN at (754) 422-4044
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|---|---|--|--|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee & Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | <input type="checkbox"/> \$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**

SOUTH FLORIDA TAX, INC.

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

P97000055134

(Document number of corporation (if known))

APPLICANT AND FILED
07 NOV -5 AM 8:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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)

1. PRINCIPAL AND MAILING ADDRESS TO BE CHANGED TO 5001 S.

UNIVERSITY DRIVE, SUITE B, DAVIE, FL 33328

2. REGISTERED AGENT ADDRESS TO BE CHANGED TO 5001 S. UNIVERSITY

DRIVE, SUITE B, DAVIE, FL 33328

3. ADDRESS FOR PSTD IS TO BE CHANGED TO 5001 S. UNIVERSITY DRIVE,

SUITE B, DAVIE, FL 33328

(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: OCTOBER 31, 2007

Effective date if applicable: UPON FILING
(no more than 90 days after amendment file date)

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

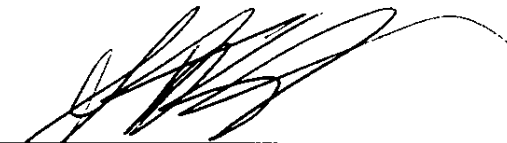
The amendment(s) was/were approved by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.

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)

SCOTT E. ITKIN
(Typed or printed name of person signing)

PRESIDENT/REGISTERED AGENT
(Title of person signing)

FILING FEE: \$35