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TALLAHASSEE, FLORIG

Amend C.COULLIETTE JAN 07 2010

EXAMINER

COVER LETTER

TO: Amendment Section Division of Corporations	•	
NAME OF CORPORATION: $A IAX$	GUY JE CORP	
DOCUMENT NUMBER: Pog 00	0002537	
The enclosed Articles of Amendment and fee are su	bmitted for filing.	
Please return all correspondence concerning this ma	tter to the following:	
LORINDA EL Name o	PREDGE of Contact Person	
Fin	m/ Company	
12512 CORA	INK AVK Address	
SPRING HILL City/St	FL 34609 ale and Zip Code	
E-mail address: (to be used for f	n Pabay, An. Com unure annual report notification)	
For further information concerning this matter, pleas	se call:	
LORINDA ELDRED 6 k Name of Contact Person	at (<u>352</u>) <u>688-8</u> Area Code & Daytime Telep	ohone Number
Enclosed is a check for the following amount made	payable to the Florida Departn	nent of State:
\$35 Filing Fee \$\times \$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Amendment Section Division of Corporations P.O. Box 6327	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle	

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

A TAX	GUY JE (JORP		
(Name of Corporation as curr			_	
P09000	002537— nber of Corporation (if k			
(Document Nu	mber of Corporation (if k	nown)		
Pursuant to the provisions of section 607.100 amendment(s) to its Articles of Incorporation:	06, Florida Statutes, this	Florida Profit Corpor	vation adopts the	following
A. If amending name, enter the new name of	of the corporation:			
name must be distinguishable and contain abbreviation "Corp.," "Inc.," or Co.," or the name must contain the word "chartered," "pro	e designation "Corp," ".	Inc," or "Co". A prof	fessional corporat	the
B. Enter new principal office address, if app	oficable:		FEC 5	
(Principal office address <u>MUST BE A STREI</u>			REJAR AHAS	450400
			ARY OF	
C. Enter new mailing address, if applicable (Mailing address MAY BE A POST OFF)	<u>:</u> CE BOX		FLORIDA	9 32
D. If amending the registered agent and/or new registered agent and/or the new reg		s in Florida, enter the	name of the	
Name of New Registered Agent:				
New Registered Office Address:	(Florida stre	et address)		
		, Flor		
	(City)	(Zip Code))	
New Registered Agent's Signature, if changi I hereby accept the appointment as registered of		h and accept the obliga	tions of the positic	7n,
· ·	Signature of New Registe	ered 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)

<u>Title</u>	<u>Name</u>	Address	Type of Action
PTO	GRACE E ELDREDGE	12333 CORRING AVE SPRING HILL FL 3460 9	Add Remove
PTD	J. ELDREDGE	12512 CORRING AVE SPRING HILL, FL 34609	Add Remove
			_
	ding or adding additional Articles, enter additional sheets, if necessary). (Re speci		
			The second secon
<u>provisi</u>	mendment provides for an exchange, recons for implementing the amendment if	lassification, or cancellation of issome to take the contained in the amendment	sued shares. itself:
(if n	ot applicable, indicate N'A)		

The date of each amendment	(s) adoption:	ξ	JANUA.	RY ZNO	,2009
T300- 41 3-4- 10 - 11 11					•
enective date <u>ii appricable</u> .	(no more than 90) days after ar	mendment file	date)	
Adoption of Amendment(s)	(CHI	ECK ONE)			
The amendment(s) was/we by the shareholders was/we	re adopted by the sere sufficient for a	shareholders. pproval.	The number	of votes cast	for the amendment(s)
The amendment(s) was/we must be separately provide					
"The number of votes	cast for the amend	lment(s) was/	were sufficier	t for approva	1
by			·		
	(voting group)				
The amendment(s) was/we action was not required.	re adopted by the l	board of direc	tors without s	hareholder ac	tion and shareholder
The amendment(s) was/we action was not required.	re adopted by the i	incorporators	without share	holder action	and shareholder
Dated	12/3/10 Loui	9			
Signature	Low	In SE	They?		
sele	a director, preside	orator – if in (the hands of a	CTOLS OL OTHER	ers have not been stee, or other court
	LORIO	UDA C	ELDRI	EDGE	
	(Тур	ed or printed	name of perso	on signing)	
	<i>V</i>	1PSD			
	(Title of	person signin	ıg)		