

5/25/2016

509547
2016-05-25 16:36:23 (GMT-5)
Division of Corporations

18887728108 From: Mike Natarus

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H16000129365 3)))



H160001293653ABC0

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
 Fax Number : (850)617-6380

From:

Account Name : TAXLEAF.COM INC
 Account Number : I20140000084
 Phone : (305)541-3980
 Fax Number : (305)541-7033

****Enter the email address for this business entity to be used for annual report mailings. Enter only one email address please.**

Email Address: _____

RECEIVED

16 MAY 25 PM 3:41

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

**COR AMND/RESTATE/CORRECT OR O/D RESIGN
 ACCOUNTANT & MANAGEMENT, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$35.00

16 MAY 25 AM 9:38
 RECEIVED
 DIVISION OF STATE
 TALLAHASSEE, FLORIDA

FILED

Electronic Filing Menu

Corporate Filing Menu

MAY 26 2016
 A RAMSEY

H16000129365 3

Articles of Amendment
to
Articles of Incorporation
of

ACCOUNTANT & MANAGEMENT, INC.

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

509547

(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:

The new 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."

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**)**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)

New Registered Office Address:

(City)

Florida

(Zip Code)

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

FILED

16 MAY 25 AM 9:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

H16000129365 3

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:

☒ Change PT John Doe

☒ Remove V Mike Jones

☒ Add SV Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change	<u>VPD</u>	<u>NAE, MOSES P</u>	<u>3180 S OCEAN DRIVE #1412</u>
<input type="checkbox"/> Add			<u>HALLANDALE BEACH, FL 33009</u>
<input checked="" type="checkbox"/> Remove			
2) <input type="checkbox"/> Change	<u>S</u>	<u>NAE, MOSES R</u>	<u>1835 NE 212 TERR</u>
<input checked="" type="checkbox"/> Add			<u>NORTH MIAMI BEACH, FL 33179</u>
<input type="checkbox"/> Remove			
3) <input type="checkbox"/> Change	<u>VPD</u>	<u>VAN DELFT, LESLIE</u>	<u>1549 NE 123RD ST.</u>
<input checked="" type="checkbox"/> Add			<u>NORTH MIAMI, FL 33161</u>
<input type="checkbox"/> Remove			
4) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
5) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
6) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			

H16000129365 3

The date of each amendment(s) adoption: _____, if other than the date this document was signed.

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

Adoption of Amendment(s) (CHECK ONE)

☐ The amendment(s) was/were adopted 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.

Dated 05/25/2016

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)

NAE, MOSES R

(Typed or printed name of person signing)

SECRETARY

(Title of person signing)