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C. GOLDEN NOV 14 2017

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: TAXTOWN, INC.				
DOCUMENT NUMB			<u>. </u>		
	of Amendment and fee are su	bmitted for filing.			
Please return all corresp	ondence concerning this ma	tter to the following:			
	JOSEPH MADIA				
-		Name of Contact Persor)		
	TAXTOWN INC				
-		Firm/ Company			
	1136 NE PINE ISLAND ROAD #10				
-		Address			
	CAPE CORAL FL 33909				
-		City/ State and Zip Code	2		
TAXE	S@ATT.NET				
	E-mail address: (to be us	sed for future annual report	notification)		
For further information	concerning this matter, pleas	se call:			
JOSEPH MADIA		at (574-7000		
JOSEPH MADIA at (239) 574-7000 Name of Contact Person Area Code & Daytime Telephone		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		Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle			

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

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<u>te</u>)	-	

1.

TAXTOWN, INC.

(Name of Corporation as current	ly filed with the Florida Dept. of State)
P00000112991	w _y
(Document Number o	of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the corporation:	The new
name must be distinguishable and contain the word "corporatio "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc." or ' word "chartered," "professional association," or the abbreviation	on," "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	A
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 add new registered agent and/or the new registered office address	
Name of New Registered Agent	
(Florida st	reet address)
New Registered Office Address:	, Florida
	(City) (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 1	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> 74</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>	<u>Na</u>	<u>me</u>	<u>Addres</u> s
I) Change	<u>v</u>	JU	DY MADIA	 3307 SW 8TH STREET
Add				CAPE CORAL FL 33991
X Remove				
2) Change				
Add				
Remove				
3) Change				
Add				
Remove				
4) Change		_	_	
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add				
Remove				
Kemove				

E. If amending or adding (Attach additional sheet	z additional Articles, ts, if necessary). (Bo	<u>, enter change(s) l</u> e specific)	<u>неге</u> :		
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F. If an amendment pro- provisions for implei (if not applicable	menting the amendm	e, reclassification lent if not contain	, or cancellation o ed in the amendm	f issued shares, ent itself:	
				1-1-	
	N/V				
	/ M				

	NOVEMBER 8, 2017	
The date of each amendment(s)	adoption:	, if other than the
date this document was signed.	NOVEMBER 8, 2017	
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in thi document's effective date on the	s block does not meet the applicable statutory filing requirements, this of Department of State's records.	date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendment sufficient for approval.	t(s)
	approved by the shareholders through voting groups. The following states for each voting group entitled to vote separately on the amendment(s):	nent
"The number of votes ca	ast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
,	(voting group)	
☐ The amendment(s) was/were action was not required.	adopted by the board of directors without shareholder action and sharehol	der
The amendment(s) was/were action was not required.	adopted by the incorporators without shareholder action and shareholder	
	MBER 8, 2017	
Dated	144	
Signature	X Taxa	
Highartare (BK)	a director, president or other officer – if directors or officers have not bee	n
sele	cyed, by an incorporator - if in the hands of a receiver, trustee, or other co	
арр	winted fiduciary by that fiduciary)	
	JOSEPH MADIA	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	