F5/893

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SEVERTIARY OF STATE ORIVISION OF CORFORATION

C. LEVIS

JUL 3 2014

EXAMINER

COVER LETTER

TO: Amendment Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

NAME OF CORPORATION:	Accurate B	usiness Center,	Inc.
DOCUMENT NUMBER: F5			
The enclosed Articles of Amenda	nent and fee are su	bmitted for filing.	
Please return all correspondence	concerning this ma	tter to the following:	
Kirby	M. Pruner		
		Name of Contact Person	1
Accura	ate Busines	s Center, Inc.	
		Firm/ Company	
[*] 114 E	ast 7th Stre	et	
		Address	
Chulu	ota, FL 327	766	
		City/ State and Zip Cod	e
accurateh	ueinaescar	nter@gmail.com	
		sed for future annual report	notification)
a ma	radaress. (to be a.	·	not meation,
For further information concernin	g this matter, pleas	se call:	
Kirby M. Pruner		_{at (} 407	365-6204 de & Daytime Telephone Number
Name of Contact	Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for the follow	ving amount made	payable to the Florida Depa	artment of State:
	.75 Filing Fee & ificate 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 Addre Amendment Se			Address Iment Section
Division of Corporations		Division of Corporations	

2661 Executive Center Circle Tallahassee, FL 32301

Clifton Building

Articles of Amendment to Articles of Incorporation

RICHETARY OF STATE DIVISION OF CORPORATIONS

Accurate Business Center, Inc.

14 JUN 18 PH 1:57

(Name of Corporation as	currently filed with the Flo	orida Dept. of State)	
F51893			
(Documen	t Number of Corporation (if	known)	
Pursuant to the provisions of section 607.3 its Articles of Incorporation:	006, Florida Statutes, this F	lorida Profit Corporation adopt	s the following amendment(s) to
A. If amending name, enter the new na	me of the corporation:		,
N/A			The new
name must be distinguishable and cont "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associat	ation "Corp," "Inc," or "C	o". A professional corporation	ed" or the abbreviation
B. Enter new principal office address, i (Principal office address MUST BE A ST	f applicable:	N/A	
	,		<u> </u>
C. Enter new mailing address, if applie (Mailing address MAY BE A POST C		N/A	·
			·
D. If amending the registered agent and new registered agent and/or the new		ss in Florida, enter the name o	f the
-	Kirby M. Pruner		
Name of New Registered Agent	2455 Curryville F	Road	
	(Florida stree		
New Registered Office Address:	Chuluota	, Florida 32	766
	(City)	, , , , , , , , , , , , , , , , , , , ,	(Zip Code)
New Registered Agent's Signature, if ch I hereby accept the appointment as registe Sig		>	the position.

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		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>Name</u>	<u>Addres</u> s
1) Change	0	Holly Goodwin	2455 Curryville Road
Add			Chuluota, FL 32766
Remove			
2) Change		·	
Add			
Remove			
3) Change			
Add			
Remove			
4) Change	<u></u>		_
Add			,
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

•	. (Be specific)
A	
	
*	
·	
lf_an amendment provides for an exc	change, reclassification, or cancellation of issued shares,
provisions for implementing the amo	endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
Α	
 	
•	
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,	

The date of each amendment	(s) adoption: N/A	SEURETARY OF STATE ANY STORE OF CORPORATIONS	; if other than the
date this document was signed Effective date if applicable:	N/A	14 JUN 18 PM 1:57	
	(no mo	re than 90 days after amendment file date)	_
Adoption of Amendment(s)	(CHECK ON	NE)	
The amendment(s) was/wer by the shareholders was/we		ders. The number of votes cast for the amendment(s)	
	• • •	Iders through voting groups. The following statement ntitled to vote separately on the amendment(s):	
"The number of votes	s cast for the amendment(s)	was/were sufficient for approval	
by		.,,	
	(voting group	n)	•
The amendment(s) was/wer action was not required.	re adopted by the board of	directors without shareholder action and shareholder	
The amendment(s) was/we action was not required.	re adopted by the incorpora	ators without shareholder action and shareholder	
Dated 06/1	12/2014		
Signature	the Mt		
Se		other officer – if directors or officers have not been – if in the hands of a receiver, trustee, or other court and action of the court officers.	
	Kirby M. Pruner		
	(T)	yped or printed name of person signing)	
	President		
		(Title of person signing)	