

1107000 10970

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2009 APR 24 AM 11:47

FILED

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Name CHANGE
(Name of Corporation)

DOCUMENT NUMBER: No 70000 10970

The enclosed Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

DEDRIE THOMPSON
(Name of Contact Person)

New 5 Star Insurance + TAX Service
(Firm/Company)

8179 N. University DR
(Address)

TAMARAC FL 33321
(City/State and Zip Code)

For further information concerning this matter, please call:

DEDRIE THOMPSON at 954, 825 6173
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:



\$35.00 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

D.T. ASSISTING INC

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

NO 70000109 70

(Document Number of Corporation (if known))

FILED
2009 APR 24 AM 11:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Pursuant to the provisions of section 617.1006, Florida Statutes, this *Florida Not For Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

5 Star Insurance Tax Property Management INC

The new name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name.

B. Enter new principal office address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

8179 N. University Dr.

Apt 96

TAMARAC FL 33321

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:

New Registered Office Address:

_____ (Florida street 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 Registered Agent, if changing

The date of each amendment(s) adoption: 04/21/09

Effective date if applicable: 04/21/09

(no more than 90 days after amendment file date)

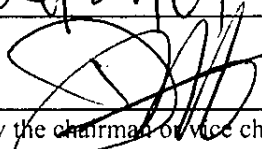
Adoption of Amendment(s)

(CHECK ONE)

☐ The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.

☒ There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.

Dated 04/21/09

Signature 

(By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

DEDRIE THOMPSON

(Typed or printed name of person signing)

President

(Title of person signing)