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And

MAY 23 2017

R. WHITE

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: MR TAX OF GUL	F BREEZE, INC.			
DOCUMENT NUM	DOCUMENT NUMBER: P00000003456				
The enclosed Articles	of Amendment and fee are sub	omitted for filing.			
Please return all corre	espondence concerning this mat	ter to the following:			
	TRIPP C. HALE				
	7	Name of Contact Person			
	MR TAX OF GULF BREEZE, INC.				
		Firm/ Company			
	913 GULF BREEZE PKWY	#4			
	Address				
	GULF BREEZE, FLORIDA 32561				
		City/ State and Zip Code			
TRIF	TRIPP@MRTAXINC.COM				
	E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:					
TRIPP C. HALE		at (⁸⁵⁰	934-4288		
Name of Contact Person		Area Coo	le & Daytime Telephone Number		
Enclosed is a check for the following amount made payable to the Florida Department 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)		
<u>Ma</u>	iling Address	Street A	Address		

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment 10 Articles of Incorporation of 17 Mar 22 Fit 5: 45

MR TAX OF GULF BREEZE, INC.		€12. est	
(Name o	of Corporation as curren	tly filed with the Florida Dept. of State)	
P0000003456			
	(Document Number	of Corporation (if known)	
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this	s Florida Profit Corporation adopts the following amendment(s)	
A. If amending name, enter the new na	me of the corporation:		
		The new	
	ation "Corp," "Inc," or	on," "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the "P.A."	
B. Enter new principal office address, i	if applicable:	913 GULF BREEZE PKWY #4	
(Principal office address MUST BE A S		GULF BREEZE, FLORIDA 32561	
C. F			
C. Enter new mailing address, if appli (Mailing address MAY BE A POST of		913 GULF BREEZE PKWY #4	
		GULF BREEZE, FLORIDA 32561	
D. If amending the registered agent an new registered agent and/or the new			
Name of New Registered Agent	MR TAX OF GUI F BREEZE INC		
Think of their registered rigens	913 GULF BREEZE PK	WY #4	
	(Florida s	treet address)	
New Registered Office Address:	GULF BREEZE	Florida 32561	
		(City) (Zip Code)	
New Registered Agent's Signature, if cl	hanging Pagistared Agar		
		with and accept the obligations of the position.	
	/ //		
	m////	<u></u>	
	Signature of New	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>PT</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>Name</u>	<u>Addres</u> s
1) Change	PD	RAYMOND G. HICKEY	913 GULF BREEZE PKWY #5
Add			GULF BREEZE, FLORIDA 32561
X Remove			
2) Change	VPD	CARLA DEDOLPH	913 GULF BREEZE PKWY #5
Add			GULF BREEZE, FLORIDA 32561
X Remove			**************************************
3)Change	PD	TRIPP C. HALE	913 GULF BREEZE PKWY #4
X Add			GULF BREEZE, FLORIDA 32561
Remove			
4) Change		_	
Add			
Remove			
5) Change		_	
Add			
Remove			
6) Change			44.4000 P
Add			
Remove			

(Attack ad	<mark>ng or adding addition</mark> al . ditional sheets, if necessar	Articles, enter char	nge(s) here:		
(Attach aaa	attional sneets, if necessar	y). (Be specific)			
	/				
			<u></u>		
				<u></u>	
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				·	
If an amei	ndment provides for an o	exchange, reclassif	ication, or cancellatio	on of issued shares.	
provision	ns for implementing the	amendment if not o	contained in the amer	ndment itself:	
(ij no	ot applicable, indicate N/A	!)			
	V/A		<u>-</u>		· · · · · · · · · · · · · · · · · · ·
	,				
					
	*****		41-11		

	May 1, 2017	
The date of each amendment(s) a date this document was signed.	doption:	, if other than the
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the De	block does not meet the applicable statutory filing requirements, this date with appartment of State's records.	ll not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were ad by the shareholders was/were so	opted by the shareholders. The number of votes cast for the amendment(s) afficient for approval.	
	proved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	
"The number of votes case	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
·	(voting group)	
The amendment(s) was/were ad action was not required.	opted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were ad action was not required.	opted by the incorporators without shareholder action and shareholder	
05/01/201	7	
DatedSignature	MIM	
(By a selecte	irrector, president or other officer – if directors or officers have not been ed, by an incorporator – if in the hands of a receiver, trustee, or other court ited fiduciary by that fiduciary)	
	RAYMOND G HICKEY	
	(Typed or printed name of person signing)	
	PRESIDENT / DIRECTOR	
	(Title of person signing)	