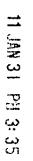
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Office Use Only



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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: DOCUMENT NUMBER:		Accurate Accounting Services, Inc.	
		P00000024142	
The enclosed Artic	cles of Amendment and fee	are submitted for filing.	
Please return all co	orrespondence concerning th	is matter to the following:	
		Pamela M Dorsey	
	1	Name of Contact Person	
	Accurate	Accounting Services, Inc.	
		Firm/ Company	
	156	23 73rd Street North	
		Address	
	Lo	kahatchee, FL 33470	
	(City/ State and Zip Code	
	E-mail address: (to be use	ddld@aol.com ed for future annual report notification)	
For further informa	ation concerning this matter	, please call:	
Pa	amela M Dorsey	at (561)25	3-5192
Name of Contact Person		Area Code & Daytime Tele	phone Number
Enclosed is a check	k for the following amount r	made payable to the Florida Departi	ment 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		Street Address Amendment Section Division of Corporations Clifton Building	
Tallahassee, FL 32314		2661 Executive Center Circle	;

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

Accurate Accounting Services, Inc. (Name of Corporation as currently filed with the Florida Dept. of State) P00000024142 (Document Number of Corporation (if known) rsuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the followendment(s) to its Articles of Incorporation: Accurate Financial Services, Inc.	(Name of Corporation as currently filed with P00000024142 (Document Number of Corpora rsuant to the provisions of section 607.1006, Florida Statu	the Florida Dept. of State
P00000024142 (Document Number of Corporation (if known) resuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the folic tendment(s) to its Articles of Incorporation: If amending name, enter the new name of the corporation: Accurate Financial Services, Inc. Accurate Financial Services, Inc. The new me must be distinguishable and contain the word "corporation," "company," or "incorporated" or the breviation "Corp.," "Inc.," or "Co." A professional corporation me must contain the word "chartered," "professional association," or the abbreviation "P.A." Enter new principal office address, if applicable: Included office address MUST BE A STREET ADDRESS Loxahatchee, FL 33470 Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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)	P0000024142 (Document Number of Corpora	
(Document Number of Corporation (if known) resuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the folice endment(s) to its Articles of Incorporation: Mamending name, enter the new name of the corporation: Accurate Financial Services, Inc.	(Document Number of Corpora	
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Accurate Financial Services, Inc	enamentaj te na rativica di medipolation.	ites, this Florida Profit Corporation adopts the follow
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me must be distinguishable and contain the word "corporation," "company," or "incorporated" or the breviation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Co". A professional corporation me must contain the word "chartered," "professional association," or the abbreviation "P.A." Enter new principal office address, if applicable: Inicipal office address MUST BE A STREET ADDRESS) Loxahatchee, FL 33470 Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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 Florida	Accurate Financial Servi	ces, Inc. The new
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Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) Loxahatchee, FL 33470 Loxahatchee, FL 33470 Loxahatchee, FL 33470 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	Enter new principal office address, if applicable:	15623 73rd Street North
(Mailing address MAY BE A POST OFFICE BOX) Loxahatchee, FL 33470 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	rincipal office address <u>MUST BE A STREET ADDRESS</u>)	Loxahatchee, FL 33470
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		15623 73rd Street North
Name of New Registered Agent: New Registered Office Address: (Florida street address) , Florida		Loxahatchee, FL 33470
New Registered Office Address: (Florida street address) , Florida	new registered agent and/or the new registered office ad	
, Florida	Name of New Registered Agent.	
	New Registered Office Address: (Flor	ida street address)
(City) (Zip Code)		
	(City,	(Zip Code)
w Registered Agent's Signature, if changing Registered Agent:	w Registered Agent's Signature, if changing Registered	Agent:

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)

<u>Title</u>	· <u>Name</u>	Address	Type of Action
			☐ Add ☐ Remove
			
 	 		Add
	ending or adding addition hadditional sheets, if necess	al Articles, enter change(s) here: sary). (Be specific)	
prov	amendment provides for disions for implementing the if not applicable, indicate N	an exchange, reclassification, or cancellate amendment if not contained in the ame	ion of issued shares, ndment itself:

The date of each amendment(s	adoption: 112711		
(date of adoption is required)			
Effective date <u>if applicable</u> :			
. (no more than 90 days after amendment file date)		
Adoption of Amendment(s)	(CHECK ONE)		
The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.		
	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):		
"The number of votes ca	st for the amendment(s) was/were sufficient for approval		
by	, , , , , , , , , , , , , , , , , , , ,		
(1)	voting group)		
The amendment(s) was/were action was not required.	adopted by the board of directors without shareholder action and shareholder		
The amendment(s) was/were action was not required.	adopted by the incorporators without shareholder action and shareholder .		
Dated	-27.2011		
Signature	Canal on Dersen		
select	director, president or other officer —df directors or officers have not been ed, by an incorporator — if in the hands of a receiver, trustee, or other court nted fiduciary by that fiduciary)		
	Pamela M Dorrey		
	(Typed or printed name of person signing)		
	President		
	(Title of person signing)		