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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	PRATION: WILLIAMS SERV	/ICE GROUP, INC.			
DOCUMENT NUM	P01000078206				
The enclosed Article	s of Amendment and fee are su	bmitted for filing.			
Please return all corr	espondence concerning this ma	tter to the following:			
	LISA ZAHORIAN				
		Name of Contact Person	1		
	TAX & FINANCIAL STRATEGISTS LLC				
	Firm/ Company				
	28089 VANDERBILT DR #	201			
	·	Address			
	BONITA SPRINGS, FL 34134				
	City/ State and Zip Code				
	LISA@WONDERTAX.COM				
	E-mail address: (to be us	sed for future annual report	notification)		
For further informati	on concerning this matter, plea	se call:			
LISA ZAHORIAN		239 at (, 405-8395		
Name	of Contact Person		de & Daytime Telephone Number		
Enclosed is a check t	or the following amount made	payable to the Florida Depa	artment of State:		
S35 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		Amend Divisio The Co	Address ment Section n of Corporations entre of Tallahassee V. Monroe Street, Suite 810		

Tallahassee, FL 32303

Articles of Amendment Articles of Incorporation

WILLIAMS SERVICE GROUP, INC.	
	tly filed with the Florida Dept. of State)
P01000078206	
(Document Number	of Corporation (if known)
Pursuant to the provisions of section 607.1006. Florida Statutes, this its Articles of Incorporation:	s Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
WILLIAMS & COMPANY, INC.	The new
name must be distinguishable and contain the word "corporation," "Inc.," or Co.," or the designation "Corp," "Inc." or "Co". "chartered," "professional association," or the abbreviation "P.A.	"company," or "incorporated" or the abbreviation "Corp.," A professional corporation name must contain the word
B. Enter new principal office address, if applicable:	
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	εο .
	820 1142
C. Enter new mailing address, if applicable:	A
(Mailing address MAY BE A POST OFFICE BOX)	
	77. 9. 5
D. If amonding the registered agent and the registered office of	durate Plantide and the Control of t
D. If amending the registered agent and/or registered office address registered agent and/or the new registered office address	
Name of New Registered Agent	
Same by the registered right	
(Florida s	areet address)
New Registered Office Address:	(City) (Zip Code)
	(in process)
New Registered Agent's Signature, if changing Registered Agen	<u>it:</u>
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
Check if applicable	

[☐] The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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)

Example:

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

X Change	PT	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>N</u> ame	<u>Addres</u> s
1) Change			
Add			
Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change	_ i		
Add			
Remove			
6) Change			
Add			
Remove			

(Attach additional sheets, if necessary)	rticles, enter change (Be specific)			
				
				
				
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f an amendment provides for an ex	abanga malassifiant	ion or concellution	on of ivened charge	
provisions for implementing the an	nendment if not con	tained in the ame	ndment itself:	1
(if not applicable, indicate N/A)				

	doption:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date	
	(no more than 90 days after amendment file date	?)
Note: If the date inserted in this blocument's effective date on the D	block does not meet the applicable statutory filing requirement of State's records.	nts, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were ad- action was not required.	opted by the incorporators, or board of directors without sharef	nolder action and shareholder
☐ The amendment(s) was/were ad- by the shareholders was/were so	opted by the shareholders. The number of votes cast for the an afficient for approval.	nendment(s)
	proved by the shareholders through voting groups. The following each voting group entitled to vote separately on the amendme	
"The number of votes east	for the amendment(s) was/were sufficient for approval	
by	."	
	(voting group)	
MARCH 1	0,2020	
Dated		
Signature ->	-Cota Clar	
(By a c	lirector, president or other officer – if directors or officers have d, by an incorporator – if in the hands of a receiver, trustee, or ted fiduciary by that fiduciary)	not been
	LEO F WILLIAMS	
	(Typed or printed name of person signing)	
	DIRECTOR	
	(Title of person signing)	