

## \* COMMUNICATION RESULT REPORT ( SEP. 9. 2010 11:31AM ) \*

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Division of Corporations

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Florida Department of State  
Division of Corporations  
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To:

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Fax Number : (850) 617-6380

From:

Account Name : GASSMAN & ASSOCIATES, P.A.  
Account Number : 075350000514  
Phone : (727) 442-1200  
Fax Number : (727) 443-5829**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

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COR AMND/RESTATE/CORRECT OR O/D RESIGN  
USA TAX & INSURANCE SERVICES INC.

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Help

Amended  
9-10-10

**GASSMAN, BATES & ASSOCIATES, P.A.**

ATTORNEYS AT LAW

ALAN S. GASSMAN\*+  
LONDON L. BATES\*\*++  
KENNETH J. CROTTY\*\*\*  
CHRISTOPHER J. DENICOLO\*\*\*  
MARTHA V. SOSA

1245 COURT STREET  
SUITE 102  
CLEARWATER, FLORIDA 33756  
TELEPHONE: (727) 442-1200  
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\* LL.M. IN TAXATION  
+ BOARD CERTIFIED LAWYER IN  
WILLS, TRUSTS AND ESTATES  
\*\*CERTIFIED PUBLIC ACCOUNTANT  
\*\*\*LL.M. IN ESTATE PLANNING  
++CERTIFIED CIRCUIT COURT MEDIATOR

**FACSIMILE TRANSMISSION**

TO: Dept. of State FAX: 850-617-6380

DATE: 9/10/10

FROM: ☒ ALAN S. GASSMAN, ESQUIRE  
☐ LONDON L. BATES, ESQUIRE  
☐ KENNETH J. CROTTY, ESQUIRE  
☐ CHRISTOPHER J. DENICOLO, ESQUIRE  
☐ MARTHA V. SOSA, ESQUIRE

☒ OTHER: Tina Arvin, Paralegal (x.24)

Re: USA Tax + Insurance Services Inc.

Comments: corrected filing attached. Please honor

original filing receipt effective date of 9/9/10.

PAGES: \_\_\_\_\_ (INCLUDING COVER)

Thank you!

IF YOU ARE HAVING ANY PROBLEMS RECEIVING THIS FACSIMILE TRANSMISSION, OR YOU DO NOT RECEIVE THE NUMBER OF PAGES LISTED ABOVE, PLEASE CALL (727) 442 - 1200.

THE INFORMATION CONTAINED IN THIS TRANSMISSION MAY BE ATTORNEY PRIVILEGED AND CONFIDENTIAL. IT IS INTENDED FOR THE USE OF THE INDIVIDUAL OR ENTITY NAMED ABOVE. IF THE READER OF THIS MESSAGE IS NOT THE INTENDED RECIPIENT, YOU ARE HEREBY NOTIFIED THAT ANY DISSEMINATION, DISTRIBUTION OR COPY OF THIS COMMUNICATION MAY BE STRICTLY PROHIBITED BY LAW. IF YOU HAVE RECEIVED THIS COMMUNICATION IN ERROR, PLEASE NOTIFY US AT THE ABOVE STATED TELEPHONE NUMBER.

ORIGINAL DOCUMENTS: WILL \_\_\_\_\_ WILL NOT ☒ FOLLOW

Matter \_\_\_\_\_

FILED  
2010 SEP 10 PM 3:20  
SECRETARY OF  
TALLAHASSEE, FLORIDA



September 9, 2010

FLORIDA DEPARTMENT OF STATE

Division of Corporations

USA TAX & INSURANCE SERVICES INC.  
4114 WOODLANDS PARKWAY  
SUITE # 402  
PALM HARBOR, FL 34685

SUBJECT: USA TAX & INSURANCE SERVICES INC.  
REF: P03000003565

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

Our records indicate the current name of the entity is as it appears on the enclosed computer printout. Please correct the name throughout the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6908.

Sylvia Gilbert  
Regulatory Specialist II

FAX Aud. #: H10000200183  
Letter Number: 110A00021540

RECEIVED  
2010 SEP 10 AM 8:08  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Articles of Amendment  
to  
Articles of Incorporation  
of

**USA TAX & INSURANCE SERVICES INC.**

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

**P03000003565**

(Document Number of Corporation (if known))

FILED  
2010 SEP 10 PM 3:20  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

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

The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

**B. Enter new principal office address, if applicable:**

(Principal office address **MUST BE A STREET ADDRESS**)

**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:

**ALAN S. GASSMAN, ESQ.**

**1245 COURT STREET, SUITE 102**

New Registered Office Address:

(Florida street address)

**CLEARWATER**

(City)

Florida **33756**

(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

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>          | <u>Address</u>   | <u>Type of Action</u>  |
|--------------|----------------------|--|--|
| CEO          | SCOTT R. CHAKAN      | 4114 WOODLANDS PKWY.<br>SUITE 402<br>PALM HARBOR, FL 34685 | <input type="checkbox"/> Add<br><input checked="" type="checkbox"/> Remove |
| P            | JOSEPH R. KARSNER IV | 4114 WOODLANDS PKWY.<br>SUITE 402<br>PALM HARBOR, FL 34685 | <input type="checkbox"/> Add<br><input checked="" type="checkbox"/> Remove |
| COO          | A. RAVI MALICK       | 4114 WOODLANDS PKWY.<br>SUITE 402<br>PALM HARBOR, FL 34685 | <input type="checkbox"/> Add<br><input checked="" type="checkbox"/> Remove |

**E. If amending or adding additional Articles, enter change(s) here:**

(attach additional sheets, if necessary). (Be specific)

Please remove the title of "C" from Dept. of State records for Stephen R. Hand.

Please add the title of "P" for Stephen R. Hand, 4114 Woodlands Pkwy., Suite 402,

Palm Harbor, FL 34685.

Stephen R. Hand is the sole Officer and Director of the corporation.

**F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:**  
(if not applicable, indicate N/A)

The date of each amendment(s) adoption: 9/7/10  
(date of adoption is required)

Effective date if applicable: \_\_\_\_\_  
(no more than 90 days after amendment file date)

Adoption of Amendment(s) **(CHECK ONE)**

☒ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.

☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):

"The number of votes cast for the amendment(s) was/were sufficient for approval

by \_\_\_\_\_"  
(voting group)

☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.

☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Dated SEPTEMBER 7, 2010

Signature \_\_\_\_\_

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

STEPHEN R. HAND

(Typed or printed name of person signing)

DIRECTOR

(Title of person signing)