P030000012920

(Requestor's Nan	ne)
(Address)	
(Address)	
(Address)	
(City/State/Zip/Ph	none #)
PICK-UP WAIT	MAIL
(Business Entity	Name)
(Document Numb	per)
Certified Copies Certification	ates of Status
Special Instructions to Filing Officer;	

Office Use Only



000313789610

06/04/18--01048--007 **43.75

2018 JUN - L PRIZ: 91
SECRETARY OF STATE
SECRETARY OF STATE

Anund Manic

JUN 0 6 2018

I ALBRITTON

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORAT	TION: SONIA TAX & TR	AVEL SERVICES, INC.	
DOCUMENT NUMBER	R: P03000062920		
	Imendment and fee are sub	omitted for filing.	
Please return all correspon	ndence concerning this mat	ter to the following:	
so	NIA VASQUEZ		
		Name of Contact Persor	
SO	NIA TAX & TRAVEL SE	RVICES, INC.	
_		Firm/ Company	
114	11 W.COLUMBIA AVE		
		Address	
KI	SSIMMEE FLORIDA 347	41	
		City/ State and Zip Code	
SONIAS	TAX-TRAVEL@HOTMA	AL.COM	
	E-mail address: (to be us	ed for future annual report	notification)
For further information co	oncerning this matter, pleas	e call:	
SONIA VASQUEZ		at (⁴⁰⁷	S47-4700 de & Daytime Telephone Number
Name of C	Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for th	e following amount made [payable to the Florida Depa	rtment 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)
Amendi Divisio P.O. Be	Address ment Section of Corporations ox 6327 ssee, FL 32314	Amend Divisio Clifton	Address ment Section n of Corporations Building xecutive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of



SONIA TAX & TRAVEL SERVICES, INC.

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: SONIA VASOUEZ	(Name o	of Corporation as curren	tly filed with the Florida Dept. of State)
Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendments Articles of Incorporation: A. If amending name, enter the new name of the corporation: SONIA TAX & SERVICES INC 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) KISSIMMEE FLORIDA 34741 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: SONIA VASOUEZ	P03000062920		105
A. If amending name, enter the new name of the corporation: SONIA TAX & SERVICES INC 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: SONIA VASOLIEZ		(Document Number	of Corporation (if known)
SONIA TAX & SERVICES INC The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "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) KISSIMMEE FLORIDA 34741 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: SONIA VASOUEZ		1006, Florida Statutes, thi	s Florida Profit Corporation adopts the following amendment(s) t
name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "lnc.," or Co., " or the designation "Corp.," "lnc," 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: SONIA VASOUEZ	A. If amending name, enter the new na	ime of the corporation:	
"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) KISSIMMEE FLORIDA 34741 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: SONIA VASOUEZ	SONIA TAX & SERVICES INC		The new
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: SONIA VASOUEZ	"Corp., " "Inc.," or Co., " or the design	ation "Corp," "Inc," or	"Co". A professional corporation name must contain the
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: SONIA VASOUEZ	B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)		
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: SONIA VASOUEZ			KISSIMMEE FLORIDA 34741
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: SONIA VASOUEZ.			
Name of New Registered Agent	(Mailing address <u>MAY BE A POST</u> of the Mailing address of the May BE A POST of the Mailing address of the Mailing the May BE A POST of the Mailing address of the Mailing address of the Mailing address of the Mailing address of the May BE A POST of the Mailing address of the May BE A POST of the Mailing address of the May BE A POST of the Mailing address of the May BE A POST of the Mailing address of the May BE A POST of the Mailing address of the May BE A POST of th	OFFICE BOX) id/or registered office ad	
Trume of the Registered Agent	Name of New Registered Agent	SONIA VASQUEZ	
1141 W. COLUMBIA AVE		1141 W. COLUMBIA A	VE
(Florida street address)	New Registered Office Address:	(Florida s	street address)
New Revistered Office Address: 434741 Start Revistered Office Address: 34741		KISSIMMEE	. Florida
(City) (Zip Code)			
		ria Ros	De p
Ona Maria	- · · ·		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: \underline{X} Change	<u>PT</u>	John Do	<u>oe</u>	
X Remove	<u>V</u>	Mike Jo	ones .	
X Add	<u>sv</u>	Sally St	nith	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	<u>Addres</u> s
1)Change	SV		ROSE-MARIE AVELOO	2603 MAGGIORE CIR
x Add				KISSIMMEE FLORIDA 34746
Remove				
2) Change		_		
Add				
Remove				
3) Change				
Add				
Remove				
4) Change				
Add				
Remove				·
5) Change		_		
Add				
Remove				
6) Change				
Add				
Remove				

E. If amending or addi (Attach additional sh	ing additional Articl cets, if necessary).	les, enter change(s) (Be specific)	here:			
N/A						
	<u> </u>				,	_
	_					
	· · · · · · · · · · · · · · · · · · ·				<u></u>	
			.=			
						
		_ 	<u> </u>			
	<u></u>					
		-				
<u> </u>						
				_		
				<u> </u>		
F. If an amendment p	rovides for an excha	inge, reclassificatio	on, or cancellation	of issued shar	es,	
provisions for imp	lementing the amen	dment if not conta	ined in the ameno	lment itself:		
(if not applical	ble, indicate N/A)					
N/A						
					·-	
						
			.			
				 	· · · · · · · · · · · · · · · · · · ·	

	MAY 29TH 2018	
The date of each amendment(s) addate this document was signed.	option:	, if other than th
·	7 29TH 2018	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file	duti
	(no more than 90 days after amenament fite	auc
Note: If the date inserted in this bedocument's effective date on the De	ock does not meet the applicable statutory filing require partment of State's records.	ments, this date will not be listed as th
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders. The number of votes cast for the ficient for approval.	e amendment(s)
	roved by the shareholders through voting groups. The followach voting group entitled to vote separately on the amen	
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
The amendment(s) was/were ado action was not required.	pted by the board of directors without shareholder action a	and shareholder
☐ The amendment(s) was/were ado action was not required.	pted by the incorporators without shareholder action and s	hareholder
Dated MAY	89- 2018	
Signature	mie 1 Breed	
	rector, president or other officer if directors or officers h	nave not been
	, by an incorporator - if in the hands of a receiver, trustee	, or other court
appoint	ed fiduciary by that fiduciary)	
	SONIA VASQUEZ	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	