POSOM 37173

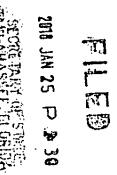
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JAN 2**5** 2018 T. LEMIEUX

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORA	ΓΙΟΝ: LOVETT TAX & A	ACCOUNTING SERVIC	ES, INC
DOCUMENT NUMBEI	P05000037173		
The enclosed Articles of	Amendment and fee are su	bmitted for filing.	
Please return all correspon	ndence concerning this mat	iter to the following:	
FC	STER LOVETT		
		Name of Contact Perso	n
LC			
40	EAST MLK BLVD SUI	ΓE 109	
		Address	
TA	MPA FLORIDA 33603		
_		City/ State and Zip Co	de
LOVET	CCPA@AOL.COM		
	~	sed for future annual repor	t notification)
	`	·	,
For further information co	oncerning this matter, pleas	e call:	
FOSTER LOVETT		at (813	234-3360
Name of C	Contact Person	Area C	ode & Daytime Telephone Number
Enclosed is a check for th	e following amount made p	payable to the Florida Dep	partment of State:
☐ \$35 Filing Fee	\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Amend Divisio P.O. Bo	ment Section n of Corporations ox 6327 ssee, FL 32314	Amer Divis Clifto 2661	t Address idment Section ion of Corporations in Building Executive Center Circle hassee, FL 32301

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Articles of Amendment to Articles of Incorporation of

LOVETT TAX & ACCOUNTING SERVICES, INC			
(Name of Corporation as currently	filed with the Florida Dept. of State)		
P05000037173			
(Document Number of	Corporation (if known)		
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>I</i> its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to		
A. If amending name, enter the new name of the corporation:			
LOVETT & COMPANY CPA PA, INC	The new		
name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Coword "chartered," "professional association," or the abbreviation "I	Co". A professional corporation name must contain the		
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	TAMPA FLORIDA 33603		
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: Name of New Registered Agent New Registered Agent			
(Florada stre	vet address)		
3022 ANNADALE CIRCI	1: 33511		
New Registered Office Address:	(City) (Zip Code)		
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar w Signature of New Re	M		

Page 1 of 4

address of each Officer a (Attach additional sheets, Please note the officer/dir P = President; V = Vice H Executive Officer; CFO = held. President, Treasurer Changes should be noted a change, Mike Jones lear Mike Jones, V as Remove,	and/or D if necess ector title resident Chief F r, Directo in the fol ves the co	irector be ary) e by the fi ; T= Trea Financial or would I flowing m orporation	ring added: rst letter of the office title: surer; S= Secretary; D= Directo Officer. If an officer/director how one PTD. anner. Currently John Doe is list n, Sally Smith is named the V and	r: TR= Tru ds more the ed as the PS	rector being removed and title, name, and stee; $C = Chairman$ or $Clerk$; $CEO = Chief$ an one title, list the first letter of each office ST and ST and ST and ST and ST ould be noted as ST on ST or ST as a ST on ST and ST or ST
Example: X Change	<u>PT</u>	John Do	<u>c</u>		
X Remove	<u>v</u>	Mike Jones			
_X Add	<u>sv</u>	<u>Sally Sn</u>	<u>nith</u>		
Type of Action (Check One)	Title		Name		<u>Addres</u> s
1) Change		_			
Add					
Remove					
2) Change		_			
Add					
Remove					
3) Change		_			.
Add					
Remove					·
4) Change		_			
Add					
Remove					
5) Change		_			
Add					
Remove					
6) Change		_			
Add					

Remove

If amending or adding additional Articles, enter change(s) here	μ.
Attach additional sheets, if necessary). (Be specific)	<u>.</u>
<u> </u>	
f an amendment provides for an exchange, reclassification, or	r cancellation of issued shares,
provisions for implementing the amendment if not contained (if not applicable, indicate N/A)	in the amendment itself:
(y nor appreciate, material 1977)	
<u> </u>	

	01/01/2018	
The date of each amendment(s) date this document was signed.	·	, if other than the
0: Effective date <u>if applicable</u> :	1/10/2018	
Effective date in applicable.	(no more than 90 days af	ier amendment file date)
Note: If the date inserted in this document's effective date on the		utory filing requirements, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were a by the shareholders was/were	adopted by the shareholders. The number sufficient for approval.	of votes cast for the amendment(s)
☐ The amendment(s) was/were a must be separately provided j	approved by the shareholders through voti for each voting group entitled to vote sepa	ng groups. The following statement crately on the amendment(s):
"The number of votes ca	ast for the amendment(s) was/were sufficient	ent for approval
by	(voting group)	
	(voting group)	
The amendment(s) was/were a action was not required.	adopted by the board of directors without	shareholder action and shareholder
☐ The amendment(s) was/were a action was not required.	adopted by the incorporators without share	cholder action and shareholder
01/10/20	018	
Dated		+P
		herall
Signature	a director, president or other officer – if di	Thomas are of General have not been
	eted, by an incorporator – if in the hands of	
	pinted fiduciary by that fiduciary)	
	FOSTER LOVETT	
	(Typed or printed name of	person signing)
	MANAGEING PARTNER	
	(Title of person	signing)

. . . ,