

P05000084829

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

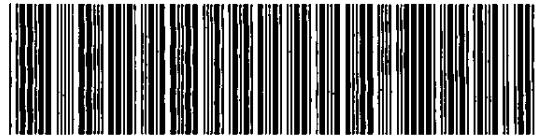
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300163851863

12/22/09--01031--016 **35.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATE
10 JAN -6 PM 12:11

Amer
C.COULLETTE

JAN 06 2010

EXAMINER

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: RON'S TAX AND ACCOUNTING SVCES INC

DOCUMENT NUMBER: P05000084829

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

YONISE LACROIX

Name of Contact Person

RON'S TAX AND ACCOUNTING SERVICES INC

Firm/ Company

5274 GOLDEN GATE PKW UNIT 2

Address

NAPLES FL 34116

City/ State and Zip Code

yonise_lacroix@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Yonise lacroix

Name of Contact Person

at (239)

200-2834
Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department 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
Tallahassee, FL 32314

Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 28, 2009

YONISE LACROIX
RON'S TAX & ACCOUNTING SVCES INC
5274 GOLDEN GATE PKWY, UNIT 2
NAPLES, FL 34116

SUBJECT: RON TAX & ACCOUNTING SVCES INC
Ref. Number: P05000084829

We have received your document for RON TAX & ACCOUNTING SVCES INC and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

You will need to complete the first page of the amendment form with the name at the top of the page so that we know what corporation you are trying to amend. You need to also add show the document number for the corporation. If you are adding officers, you will need to show their titles and address. The title for the officer cannot be RA, so you must have a suitable title for that person as an officer and also an address. If you are only adding the person as VP and registered agent, just remove the names and titles from the person showing as RA and leave the VP and also the registered agent you are showing on the first page of the amendment form. You only need to show the new agent once and that is in the area specified for that office.

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) 245-6903.

Cheryl Coulliette
Regulatory Specialist II

Letter Number: 309A00039220

RECEIVED
JAN -5 11:00 AM
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Articles of Amendment
to
Articles of Incorporation
of

Ron Tax & Accounting Svcs Inc
(Name of Corporation as currently filed with the Florida Dept. of State)

PD5000084829
(Document Number of Corporation (if known))

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)

5274 golden gate pkw unit 2
naples fl 34116

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: Yonise Iacroix

New Registered Office Address: 832 hampton cir
(Florida street address)

naples fl, Florida 34105
(City) (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.

Yonise Iacroix
Signature of New Registered Agent, if changing

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 JAN -6 PM 12:10

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>
VP	YONISE LACROIX	832 HAMPTON CIR NAPLES FL 34105	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
G.D.D.	PAUL ROBINSON	5274 Golden Gate Pkwy Unit 2 Naples, FL 34116	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove

E. If amending or adding additional Articles, enter change(s) here:
(attach additional sheets, if necessary). (Be specific)

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: 12-18-09
(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 12/18/2009

Signature Yonise Lacroix
(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)

Yonise Lacroix
(Typed or printed name of person signing)

vice president
(Title of person signing)