P05000166316

(Requestor's Nam	e)
(Address)	
(Address)	
(City/State/Zip/Ph	one #)
PICK-UP WAIT	MAIL
(Business Entity N	lame)
(Document Numb	er)
Certified Copies Certifica	tes of Status
Special Instructions to Filing Officer:	

~~~Office Use Oaly



700266503777

11/21/14--01033--025 \*\*35.00

Mare Chârge aneral



DR 12/3/14

## **COVER LETTER**

| NAME OF CORPORATION: SUPER TAX USA INC.                                                         |                                                                    |                                                                                        |  |  |
|-------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|----------------------------------------------------------------------------------------|--|--|
| DOCUMENT NUMBER: P05000                                                                         | DOCUMENT NUMBER: P05000166316                                      |                                                                                        |  |  |
| The enclosed Articles of Amendment and fee are su                                               | bmitted for filing.                                                |                                                                                        |  |  |
| Please return all correspondence concerning this mat                                            | tter to the following:                                             |                                                                                        |  |  |
| Super TA                                                                                        | Name of Contact Person  X USA IVC.  Firm/ Company                  |                                                                                        |  |  |
| 3772 S DI                                                                                       | XTE HWY                                                            |                                                                                        |  |  |
|                                                                                                 | Address  IM Beach  City/ State and Zip Code                        |                                                                                        |  |  |
| E-mail address: (to be used for future annual report notification)                              |                                                                    |                                                                                        |  |  |
| For further information concerning this matter, please call:  FERNANDO MOLINA at (561) 254-7663 |                                                                    |                                                                                        |  |  |
| Name of Contact Person Area Code & Daytime Telephone Number                                     |                                                                    |                                                                                        |  |  |
| Enclosed is a check for the following amount made payable to the Florida Department of State:   |                                                                    |                                                                                        |  |  |
| S35 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                                                                                 | Street                                                             | Address                                                                                |  |  |

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO: Amendment Section

Division of Corporations

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

|                                                                                                                                                         | Articles of Amendme                              | nt FILS                   | ED                |                 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|---------------------------|-------------------|-----------------|
|                                                                                                                                                         | Articles of Incorporati                          | 3814 HOY 21               | PM 3: 13          |                 |
| · SUPERTAX US                                                                                                                                           | A, INC.                                          | more to breek             | Y OF STATE        |                 |
| (Name of Corporation as currently                                                                                                                       | filed with the Florida D                         | ept. of State) AHASS      | 5£1., 1 = 1       |                 |
| SUPER TAX USA                                                                                                                                           | T.TNC.                                           | 19 A.                     | · ·               |                 |
| (Document Number of                                                                                                                                     | of Corporation (if known)                        |                           |                   |                 |
| Pursuant to the provisions of section 607.1006, Flori its Articles of Incorporation:                                                                    | da Statutes, this <i>Florida i</i>               | Profit Corporation adop   | pts the following | amendment(s) to |
| A. If amending name, enter the new name of the                                                                                                          | cornoration:                                     |                           |                   |                 |
| EXPRESS CHEC                                                                                                                                            | KUSA TI                                          | NC.                       |                   | The new         |
| name must be distinguishable and contain the we<br>"Corp.," "Inc.," or Co.," or the designation "Corword "chartered," "professional association," or th | ord "corporation," "con<br>p," "Inc," or "Co". A | npany," or "incorpora     | ited" or the abl  | previation      |
| B. Enter new principal office address, if applicab<br>(Principal office address <u>MUST BE A STREET AD</u>                                              |                                                  | A                         |                   |                 |
|                                                                                                                                                         |                                                  |                           |                   |                 |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B                                                                    | ox) Nit                                          |                           |                   |                 |
| D. <u>If amending the registered agent and/or regist</u>                                                                                                | ered office address in F                         | orida enter the name      | of the            |                 |
| new registered agent and/or the new registere                                                                                                           |                                                  | orida, enter the name     | O) THE            |                 |
| Name of New Registered Agent                                                                                                                            | 1                                                |                           |                   |                 |
|                                                                                                                                                         | NA .<br>(Florida street addres                   | 75)                       |                   |                 |
| New Registered Office Address:                                                                                                                          | A . (City)                                       | , Florida                 | (Zip Code)        |                 |
|                                                                                                                                                         | 1979/                                            |                           | ,- r · · · ·      |                 |
| New Registered Agent's Signature, if changing Re                                                                                                        |                                                  |                           |                   |                 |
| I hereby accept the appointment as registered agent.<br>ا                                                                                               | I am familiar with and                           | accept the obligations of | of the position.  |                 |
| <del>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</del>                                                                                                             |                                                  | ,                         |                   |                 |
| Signature of 1                                                                                                                                          | New Registered Agent, if a                       | 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:<br>X Change       | <u>PT</u>    | John Do  | e               |    |           |
|----------------------------|--------------|----------|-----------------|----|-----------|
|                            |              |          |                 |    |           |
| X Remove                   | <u>V</u>     | Mike Jo  | nes             |    |           |
| X Add                      | <u>sv</u>    | Sally Sn | <u>iith</u>     |    |           |
| Type of Action (Check One) | <u>Title</u> |          | <u>Name</u>     | 1  | Address / |
| 1) Change                  | N/A          | _        |                 | NA | N/A       |
| MA Add                     |              |          |                 |    | N/A       |
| Remove                     |              |          |                 |    | N/#       |
| 2) Change                  |              | _        |                 |    |           |
| Add                        |              |          |                 |    |           |
| Remove                     |              |          |                 |    |           |
| 3) Change                  |              | _        |                 |    |           |
| Add                        |              |          |                 |    |           |
| Remove                     |              |          |                 |    |           |
| 4) Change                  |              | _        | <del>-to-</del> |    |           |
| Add                        |              |          |                 |    |           |
| Remove                     |              |          |                 |    |           |
| 5) Change                  |              | _        | *****           |    |           |
| Add                        |              |          |                 |    |           |
| Remove                     |              |          |                 |    |           |
|                            |              |          |                 |    |           |
| 6) Change                  |              |          |                 |    |           |
| Add                        |              |          |                 |    |           |
| Remove                     |              |          |                 |    |           |

| . It amending or adding additional Artic                                           | eles, enter change(s) here:                               |
|------------------------------------------------------------------------------------|-----------------------------------------------------------|
| . If amending or adding additional Artic (Attach additional sheets, if necessary). | (Be specific)                                             |
| W/A                                                                                |                                                           |
| <i>∨</i> ∫π                                                                        | -                                                         |
|                                                                                    |                                                           |
|                                                                                    |                                                           |
|                                                                                    |                                                           |
|                                                                                    |                                                           |
|                                                                                    |                                                           |
| •                                                                                  |                                                           |
|                                                                                    |                                                           |
|                                                                                    |                                                           |
|                                                                                    |                                                           |
|                                                                                    |                                                           |
|                                                                                    |                                                           |
|                                                                                    |                                                           |
|                                                                                    |                                                           |
|                                                                                    |                                                           |
|                                                                                    |                                                           |
|                                                                                    |                                                           |
| - · · · · · · · · · · · · · · · · · · ·                                            |                                                           |
|                                                                                    |                                                           |
|                                                                                    |                                                           |
|                                                                                    |                                                           |
|                                                                                    |                                                           |
|                                                                                    |                                                           |
|                                                                                    |                                                           |
|                                                                                    |                                                           |
|                                                                                    |                                                           |
|                                                                                    |                                                           |
| If an amendment provides for an excha                                              | ange, reclassification, or cancellation of issued shares, |
| provisions for implementing the amen                                               | dment if not contained in the amendment itself:           |
| (if not applicable, indicate N/A)                                                  |                                                           |
| $\mathcal{M}H$                                                                     |                                                           |
| 7.0                                                                                |                                                           |
|                                                                                    |                                                           |
|                                                                                    |                                                           |
|                                                                                    |                                                           |
|                                                                                    |                                                           |
|                                                                                    |                                                           |
|                                                                                    |                                                           |
|                                                                                    |                                                           |
|                                                                                    |                                                           |
|                                                                                    |                                                           |
|                                                                                    |                                                           |
|                                                                                    |                                                           |

| The date of each amendment(s) adoption:                                                                                                                                                                                                                     | , if other than the |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|
| Effective date if applicable:                                                                                                                                                                                                                               |                     |
| Effective date if applicable: // (no more than 90 days after amendment file date)                                                                                                                                                                           | <del></del>         |
| 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 11/12/2014 Signature X - 1 11/1                                                                                                                                                                                                                       |                     |
| (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)                                            |                     |
| Fernando Molina (Typed or printed name of person signing)                                                                                                                                                                                                   | <del></del>         |
| Principal / Incorporator Pres                                                                                                                                                                                                                               | ident               |