## P0700036793

(Re	questor's Name)			
(Ad	dress)			
(Ad	dress)			
(Cit	y/State/Zip/Phon	e #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	siness Entity Nar	me)		
(Do	cument Number)			
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				

Office Use Only



600275966796

08/12/15--01019--019 \*\*35.00

15 AUG 12 PM 3: 52

AUG 1 3 2015 T CANNON

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPOR	ATION: A.D. SCOTT TAX	CONSULTING SERVICE	E INC.
DOCUMENT NUMB			
The enclosed Articles of	of Amendment and fee are su	bmitted for filing.	
Please return all corresp	ondence concerning this ma	tter to the following:	
	ANGELA SCOTT		
-		Name of Contact Person	n
	A.D. SCOTT TAX CONSUI	LTING SERVICE INC.	
-		Firm/ Company	
ı	6325 N. ORANGE BLOSSO		
-		Address	
	ORLANDO, FL 32810		
-		City/ State and Zip Cod	e
ANGF	ELASCOTTACC@GMAIL.0	COM	
	•	sed for future annual report	notification)
	2 402.200. (10 07 4	ou for fature annual report	notification,
For further information	concerning this matter, pleas	se call:	
ANGELA SCOTT		407	296-7577
	f Contact Person	at (407	
rame o	Comact reison	Aica Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment 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		Amend Divisio Clifton	Address Iment Section on of Corporations Building Executive Center Circle

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

Α. Ι	D.	SCO1	ГТ ТА	Х	CONS	ULTI	NG	SERVI	CE	INC
------	----	------	-------	---	------	------	----	-------	----	-----

iled with the Florida Dept. of State)	
orporation (if known)	
orida Profit Corporation adopts the following	ng amendment(s) t
	The new
	ıbbreviation
s in Florida, enter the name of the	SECE TALLA
	12 P
, Florida (Zip	THE STATE COREDA
h and accept the obligations of the position.	<del></del>
	orporation (if known)  orida Profit Corporation adopts the following  "company," or "incorporated" or the a ". A professional corporation name must A."  s in Florida, enter the name of the  actives  p, Florida (Zip)  h and accept the obligations of the position.

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: X Change	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change		<del>_</del>	
Add			
Remove			
2) Change Add Remove 3 ) Change Add Remove 4) Change			SECRETARY OF STATE NALL PROPERTY OF AUG 12 PM 3:52
Add			
5) Change Add			
Remove			
6) Change			
Add			
Remove			

If amending or additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)		
		—— — <del>□,</del> ,
<u> </u>	5 AUG	: - i
	~~~~	//3 //2 /U
If an amendment provides for an exchange, reclassification, or cancellation of issued shares,	P# 3:	: 10 : 10 : 0
provisions for implementing the amendment if not contained in the amendment itself:  (if not applicable, indicate N/A)	3: 52	ORIDA
	<del></del> .	
		<u>·</u>

The date of each amendment(s) adoption:date this document was signed.	, if other than the
Effective date if applicable:	
(no more than 90 days after amendment file date)	
<b>Note:</b> If the date inserted in this block does not meet the applicable statutory filing requirements, this date will n document's effective date on the Department of State's records.	ot be listed as the
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	SE
(voting group)	
(voting group)  The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	FILE PASSE
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	ED STAT
	S DA
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)	-
Angela Scott	
(Typed or printed name of person signing)	
VP	

(Title of person signing)