

P07000077539

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

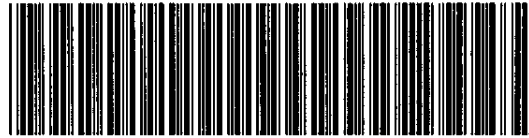
(Business Entity Name)

(Document Number)

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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
14 JUL -9 AM 9:25

C. LEWIS
JUL 10 2014
EXAMINER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 27, 2014

JOHN VENELUS / PROVIDENCE TAX SERVICES INC
2424 N. CONGRESS AVE SUITE J
WEST PALM BEACH, FL 33409 US

SUBJECT: PROVIDENCE TAX SERVICES, INC.
Ref. Number: P07000077539

We have received your document for PROVIDENCE TAX SERVICES, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

We must have the signature of a person, not the name of the trust.

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) 245-6050.

Carolyn Lewis
Regulatory Specialist II

Letter Number: 314A00014081

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: PROVIDENCE TAX SERVICES, INC.

DOCUMENT NUMBER: P07000077539

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

Please return all correspondence concerning this matter to the following:

JOHN VENELUS

Name of Contact Person

PROVIDENCE TAX SERVICES, INC.

Firm/ Company

2424 N CONGRESS AVE STE J

Address

WEST PALM BEACH, FL 33409

City/ State and Zip Code

jnm1034@yahoo.com

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

For further information concerning this matter, please call:

JOHN VENELUS

Name of Contact Person

at (561) 244-5345

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

Articles of Amendment
to
Articles of Incorporation
of

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

PROVIDENCE TAX SERVICES, INC.

14 JUL -9 AM 9:25

(Name of Corporation as currently filed with the Florida Dept. of State)

P07000077539

(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**)

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 _____

(Florida street address)

New Registered Office Address: _____, Florida _____
(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.

Signature of New Registered Agent, if changing

E. If amending or adding additional Articles, enter change(s) here:

(Attach additional sheets, if necessary). (Be specific)

Article II

2424 N CONGRESS AVE STE J

WEST PALM BEACH, FL 33409

The mailing address of the corporation is: 2424 N Congress Ave Ste J West P. Bch, FL

Article V

HMU

2300 Palm Beach Lakes Blvd 200D WEST PALM BEACH, FL 33409

Article VI

DMDD FAM TRUST

P O BOX 530844 LAKE PARK, FL 33403

Article VII

Title: DIRECTOR

DMDD FAM TRUST Address: P O BOX 530844 LAKE PARK, FL 33403

Title: DIRECTOR

KJV TRUST address: P O BOX 530844 LAKE PARK, FL 33403

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)

N/A

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

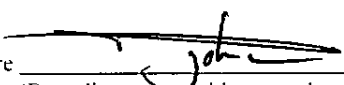
The date of each amendment(s) adoption: _____, if other than the date this document was signed.

Effective date if applicable: 14 JUL -9 AM 9: 25
(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 04/30/2014

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)

JOHN VENELUS
(Typed or printed name of person signing)

Director
(Title of person signing)