P08000039035

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TALLAHASSEE, FLORIDA



COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	DRPORATION: M MATA ACCOUNTING INC					
DOCUMENT NUM	MENT NUMBER:P08000029025					
The enclosed Articles	of Amendment and fee ar	e submitted for filing.				
Please return all corre	spondence concerning this	s matter to the following:				
	MIGUEL MATA					
	Na	ame of Contact Person				
MIGUEL MATA, CPA PA						
Firm/ Company						
D O DOV 1407						
	P O BOX 1407 Address					
	,					
	MELBOURNE, FL 32902					
		ty/ State and Zip Code				
	E-mail address: (to be used	yahoo.com for future annual report notification)				
For further information	n concerning this matter,	please call:				
MIC	GUEL MATA	at (321) 91 Area Code & Daytime Tele	7-8037			
Name of	Contact Person	Area Code & Daytime Tele	phone Number			
Enclosed is a check for	or the following amount m	ade payable to the Florida Departr	nent 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

September 21, 2009

MIGUEL MATA P.O. BOX 1407 MELBORUNE, FL 32902

SUBJECT: M MATA ACCOUNTING INC

Ref. Number: P08000029025

We have received your document for M MATA ACCOUNTING INC and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

When changing the name of a corporation filed pursuant to chapter 607, Florida Statutes, to that of a professional service corporation filed pursuant to chapter 621, Florida Statutes, the specific business purpose must also be added or changed to indicate what type of professional service the corporation will be rendering.

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) 245-6957.

Tracy L Lemieux Regulatory Specialist II

Letter Number: 009A00030940

Notte Page 2 of 7 hor been SECRETARY OF STATEBAHASSEE, FLOR

Articles of Amendment Articles of Incorporation

M MATA ACCOUNTING INC

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

	Articles of Ar	nendment				
	to	.•		•		
	Articles of Inco of	orporation		090		
				4% 6	·	
	CCOUNTIN			Carry Co	8	
(Name of Corporation as curr	ently filed with	the Florida Dept	t. of State)	75 / 3	, _	
P08	Articles of Incorporation of M MATA ACCOUNTING INC (Name of Corporation as currently filed with the Florida Dept. of State) P08000029025 (Document Number of Corporation (if known)					
(Document Nu	(Document Number of Corporation (if known)					
Pursuant to the provisions of section 607.100 amendment(s) to its Articles of Incorporation:	6, Florida Statut	tes, this <i>Florida</i>	Profit Corporation	adopts the follow	ing	
A. If amending name, enter the new name of	f the corporatio	n:				
	_ MATA, CPA,			The new		
name must be distinguishable and contain abbreviation "Corp.," "Inc.," or Co.," or the name must contain the word "chartered," "pro	e designation "C	orp," "Inc." or	"Co". A professio			
B. Enter new principal office address, if applicable:		681 NIGHTII	NGALE DR			
(Principal office address <u>MUST BE A STREI</u>	ET ADDRESS)	INDIALANTI	C. FL 32903			
C. Enter new mailing address, if applicable (Mailing address MAY BE A POST OFF)		P O BOX 140				
D. If amending the registered agent and/or new registered agent and/or the new reg			ida, enter the nam	e of the		
Name of New Registered Agent:						
	681 NIGHTIN	NGALE DR				
New Registered Office Address:		ida street address				
-	MELBOURNI	=	, Florida_S	วอดกร		
	(City)		, Florida_s (Zip Code)	<u> </u>		
			. •			
New Registered Agent's Signature, if change I hereby accept the appointment as registered a			ept the obligations	of the position.		
	Signature of New	Registered Agen	nt if 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)

Type of Action **Title** <u>Name</u> Address VP BARBARA CHENEY ☐ Add 681 NIGHTINGALE DR ☑ Remove INDIALANTIC, FL 32903 ☐ Add ☐ Remove E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific) ARTICLE III - The purpose and specific nature of the business of the Corporation shall be the rendering of professional public accounting services, and all other proper purposes which may be permitted by law to a professional services corporation engaged in such business. 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)

adoption: SEPTEMBER 15, 2009
CTOBER 1, 2009
no more than 90 days after amendment file date)
(<u>CHECK ONE</u>)
adopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.
approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):
et for the amendment(s) was/were sufficient for approval
oting group)
oting group)
adopted by the board of directors without shareholder action and shareholder
adopted by the incorporators without shareholder action and shareholder
EMBER 16, 2009
and at
director, president of other officer — If directors or officers have not been d, by an incorporator — if in the hands of a receiver, trustee, or other court ted fiduciary by that fiduciary)
MIGUEL MATA
(Typed or printed name of person signing)
PRESIDENT
(Title of person signing)