8000 1029 30

Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H14000245329 3)))



H140002453293ABC/

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : GASSMAN & ASSOCIATES, P.A.

Account Number: 075350000514

Phone : (727) 442-1200

Fax Number : (727)443-5829

**Enter the email address for this business entity to be used for fligure annual report mailings. Enter only one email address please.

Emp	Ť	1	Address:	

COR AMND/RESTATE/CORRECT OR O/D RESIGN NORTH SHORE CAPITAL CONSULTING INC.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

OCT 2 1 2014

C. CARROTHERS Help

Electronic Filing Menu

Corporate Filing Menu

And the same of th

Articles of Amendment to Articles of Incorporation

瓣 OCT 20 AM 10: 34 · ·

of

NORTH SHORE CAPITAL CONSULTING INC.

-SECRETANI UK LAMB TALBAHASSES, ELGRIDA

(Name of Corporation as currently filed with the Florida Dept. of State) P08000102920 (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: NORTH SHORE TAX INC. 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) , Florida New Registered Office Address: (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

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 <math>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	PT	John Doe	
X Remove	¥	Mike Jones	
<u>X</u> Add	<u>\$V</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change			
Add			
2) Change			_
Add			***
Remove			
3) Change	 		
Add			
Remove			
4) Change		· · · · · · · · · · · · · · · · · · ·	<u> </u>
Add			61-Theo.is.
Remove			
5) Change		_	
Add			mass records a shift or reasonable to
Remove			
6) Change			
Add			
Remove			

ttach <i>additio</i>	or adding addition on all sheets, if necessity	essary). (Be	specific)	_ _		
				~		
						
`	-					
				···		
<u> </u>		<u></u>		 -		
· · · · · · · · · · · · · · · · · · ·		<u></u>				
						
	<u> </u>					<u> </u>
		 				<u>, </u>
	<u>.</u>					
						
~						
an amendm rovisions fo	ent provides for implementing t	an exchange, a	<u>reclassification</u> t if not conta <u>ir</u>	, or cancellationed in the amen	<u>n of issued shar</u> dment itself:	es,
(if not ap	plicable, indicate	N/A)				
			,		······	
	**************************************		<u></u>			
		<u> </u>				

The date of each amendment(s) adoption date this document was signed.	On:	, if other than the
Effective date if applicable:		
· Habitanis	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopted by the shareholders was/were sufficient	by the shareholders. The number of votes cast for the amendment(s) nt for approval.	
	by the shareholders through voting groups. The following statement voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for the	e amendment(s) was/were sufficient for approval	
by	"	
	(voting group)	
The amendment(s) was/were adopted baction was not required.	by the board of directors without shareholder action and shareholder	
The amendment(s) was/were adopted baction was not required.	by the incorporators without shareholder action and shareholder	
Dated	12014	
Signature	and the same of th	
(By a director selected, by a	r, president or other officer – if directors or officers have not been an incorporator – if in the hands of a receiver, trustee, or other court luciary by that fiduciary)	_
CHF	RISTOPHER J. DENICOLO, ESQUIRE,	
<u>منځنيون</u>	(Typed or printed name of person signing)	
AUT	THORIZED REPRESENTATIVE	
	(Title of narron rinning)	