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Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : LEBRON ACCOUNTING SERVICES INC

Account Number : I20110000076 : (813)877-8918 Phone Fax Number : (813)514-2806

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

### COR AMND/RESTATE/CORRECT OR O/D RESIGN LEBRON ACCOUNTING SERVICES INC

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10/20/2011

10-20

**→ 18506176380** 

## **COVER LETTER**

TO: Amendment Section
Division of Corporations

NAME OF CORPOR	ATION: LEBR	ON ACCOUNTING SE	RVICES INC		
DOCUMENT NUMB	ER:	P0900000862	24		
The enclosed Articles of	of Amendment and fee a	re submitted for filing.			
Please return all corresp	pondence concerning thi	s matter to the following:			
	<del></del>	MILKA HASKINS			
	N	ame of Contact Person			
LEBRON ACCOUNTING SERVICES INC					
		Firm/ Company			
	511	S N ADMENIA AVE			
5116 N ARMENIA AVE Address					
		AMPA, FL 33603			
	Ci	ty/ State and Zip Code			
	LEBRONACCO	UNTING@YAHOO.COM			
<del></del>	E-mail address: (to be used	for future annual report notification	n)		
For further information	concerning this matter,	please call:			
MILKA	A HASKINS	at ( <u>813</u> )	877-8918		
Name of Co	ontact Person	Area Code & Daytime	Telephone Number		
Enclosed is a check for	the following amount m	ade payable to the Florida De	partment of State:		
☑ \$35 Filing Fee [	\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Centified Copy (Additional copy is enclosed	S52.50 Filing Fee Certificate of Status d) Certified Copy (Additional Copy is enclosed)		
Mailing Addre		Street Address			
Amendment Sec		Amendment Section			
Division of Corporations		Division of Corporations			
P.O. Box 6327 Tallahassee, FL 32314		Clifton Building 2661 Executive Center Circle			

Tallahassee, FL 32301

A CONTRACTOR OF THE SECOND OF

### **Articles of Amendment**

→ 18506176380

to

# **Articles of Incorporation**

of

### LEBRON ACCOUNTING SERVICES INC

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

#### P09000008624

(Document Number of Corporation (if known)

Pursuant to the provisions of section 607.1006. Florida Statutes, this Florida Profit Corporation adopts the following

breviation "Corp.," "Inc.," or Co.," or th me must contain the word "chartered," "pr	e designation "Corp," "Inc	
Enter new principal office address, if aprincipal office address MUST BE A STREE		
	,	<u> </u>
Enter new mailing address, if applicable (Mailing address MAY BE A POST OFF.)	<u>e:</u> ICE BOX)	
If amending the registered agent and/or		n Florida, enter the name of the
new registered agent and/or the new reg		n Florida, enter the name of the
		n Florida, enter the name of the
new registered agent and/or the new reg		
new registered agent and/or the new reg	istered office address:	

Page 1 of 3

removed a	<u>nd title, name, and address of each (</u>	Officer and/or-Director being adde	<u>:d:</u>
(Attach adv	litional sheets, if necessary)		
<u>Title</u>	Name	<u>Address</u>	Type of Acti
<u>P</u>	MILKA HASKINS	5116 N ARMENIA AVE TAMPA, FL 33603	☐ Add ☐ Remove
<u> </u>	JEFFREY HASKINS	5116 N ARMENIA AVE TAMPA, FL 33603	☐ Add ☑ Remove
VP	JEFFREY HASKINS	5116 N ARMENIA AVE TAMPA, EL 33603	☑ Add ☐ Remove
	ding or adding additional Articles, additional sheets, if necessary). (Be		
F. If an a		specific)  e, reclassification, or cancellation (	
F. If an a	mendment provides for an exchange	specific)  e, reclassification, or cancellation (	

Dated	10/20/2011			
_	-\	المراء	*	 7

action was not required.

(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)

JEFFREY HASKINS
(Typed or printed name of person signing)

PRESIDENT
(Title of person signing)