| (Requestor's Name) | |
|---|--------------|
| (Address) | 6002138 |
| (Address) | 0002130 |
| (City/State/Zip/Phone #) | |
| PICK-UP WAIT MAIL | |
| (Business Entity Name) | 11/03/110101 |
| (Document Number) | |
| Certified Copies Certificates of Status | |
| Special Instructions to Filing Officer: | |
| | |
| 1 | ^ |

Office Use Only



68956

1--010 **35.00

COVER LETTER

TO: Amendment Section Division of Corporations

| NAME OF CORPORATION: | A & D TAX & MULTIPLE SERVICES INC. | | |
|--|---|--|--|
| DOCUMENT NUMBER: | P09000027273 | | |
| The enclosed Articles of Amendmen | nt and fee are submitted for filing. | | |
| Please return all correspondence cor | ncerning this matter to the following: | | |
| | ANTONIO JEAN CHARLES | | |
| | Name of Contact Person | | |
| A & D TAX & MULTIPLE SERVICES INC. | | | |
| | Firm/ Company | | |
| | 5363 NORTH STATE RD 7 | | |
| | Address | | |
| | TAMARAC FL 33319 | | |
| | City/ State and Zip Code | | |
| | NTONIOCHRL@YAHOO.COM ss: (to be used for future annual report notification) | | |
| For further information concerning t | his matter, please call: | | |
| ANTONIO JEAN CHAP | RLES at (786) 487- 8245 | | |
| Name of Contact Person | Area Code & Daytime Telephone Number | | |
| Enclosed is a check for the following | g amount made payable to the Florida Department of State: | | |
| ☐ \$43.75 Filing Fee ☐ \$43.75 Filing Certificate of | | | |
| 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 | | |



Division of Corporations

November 3, 2011

ANTONIO JEAN CHARLES A & D TAX & MULTIPLE SERVICES INC. 5363 NORTH STATE RD 7 TAMARAC, FL 33319

SUBJECT: A&D TAX AND MULTIPLE SERVICES INC.

Ref. Number: P09000027273

We have received your document for A&D TAX AND MULTIPLE 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 have original signatures.

YOU FAILED TO SIGN THE DOCUMENT.

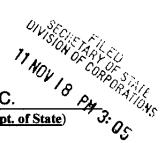
Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6964.

Irene Albritton Regulatory Specialist II

Letter Number: 311A00025064

Articles of Amendment Articles of Incorporation of



| A & D TAX & MULTIPLE SE | AVICES INC. |
|--|---|
| (Name of Corporation as currently filed with | the Florida Dept. of State |
| P09000027273 | ••• |
| (Document Number of Corporat | ion (if known) |
| Pursuant to the provisions of section 607.1006, Florida Statut amendment(s) to its Articles of Incorporation: | tes, this Florida Profit Corporation adopts the following |
| A. If amending name, enter the new name of the corporation | <u>n:</u> |
| | The new |
| name must be distinguishable and contain the word "corp abbreviation "Corp.," "Inc.," or Co.," or the designation "C name must contain the word "chartered," "professional associate. B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) | orp," "Inc," or "Co". A professional corporation |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | SAME |
| D. If amending the registered agent and/or registered office new registered agent and/or the new registered office add | |

, Florida_ (City) (Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

Name of New Registered Agent:

New Registered Office Address:

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

(Florida street address)

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)

| Title | Name | Address | Type of Action | |
|---|----------------------|---|-------------------|--|
| PRES | ANTONIO JEAN CHARLES | 7140 HOOD STREET HOLLYWOOD FLORIDA, 33024 | ☑ Add ☐ Remove | |
| <u>VP</u> | DWIGHT R ISMAEL | 7140 HOOD STREET HOLLYWOOD FLORIDA, 33024 | ☑ Add □ Remove | |
| SEC | NATIVIDA SAINT LOUIS | 7140 HOOD STREET HOLYWOOD FORIDA, 33024 | ☑ Add □ Remove | |
| E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific) WE JUST CHANGE THE ADDRESS EVERYTHING STAY THE SAME | | | | |
| | , | | | |
| | | | | |
| 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 | | | | |
| | | • | | |
| | | | | |
| | | | | |
| | | | | |

| The date of each amendmen | t(s) adoption: 10 | 0/03/2011 |
|---|--------------------|--|
| Effective date <u>if applicable</u> : | 10/03/2011 | (date of adoption is required) |
| | (no more than | 90 days after amendment file date) |
| Adoption of Amendment(s) | (CH | HECK ONE) |
| The amendment(s) was/we by the shareholders was/w | | e shareholders. The number of votes cast for the amendment(s) approval. |
| | | the shareholders through voting groups. The following statement g group entitled to vote separately on the amendment(s): |
| "The number of votes | cast for the amer | ndment(s) was/were sufficient for approval |
| by | | |
| | (voting group) | |
| The amendment(s) was/we action was not required. | re adopted by the | e board of directors without shareholder action and shareholder |
| The amendment(s) was/we action was not required. | re adopted by the | e incorporators without shareholder action and shareholder |
| Dated_10/0 | 3/2011 | 1 mm |
| Signature (By | adirector, presid | dent of other officer – if directors or officers have not been |
| sele | ected, by an incor | rporator – if in the hands of a receiver, trustee, or other court by that fiduciary) |
| | | ANTONIO JEAN CHARLES |
| | (Ту | ped or printed name of person signing) |
| | | PRESIDENT |
| | (Title o | of person signing) |