## P0000044095

(Re	questor's Name)			
(Ad	dress)			
(Ád	dress)			
(Cit	ty/State/Zip/Phon	e #)		
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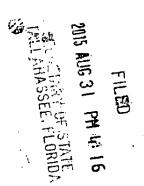
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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPOR	ATION:	SOCIATES INC			
DOCUMENT NUMB	ER:				
The enclosed Articles of	of Amendment and fee are su	bmitted for filing.			
Please return all corres	pondence concerning this ma	tter to the following	ng:		
	TARA SHUCK				
•		Name of Conta	act Persor	<u> </u>	
	TARA AND ASSOCIATES INC				
-		Firm/ Con	npany		
	435 12th STREET W, SU	JITE 115			
-		Addre	SS		
	BRADENTON, FL 34205				
<del>-</del>		City/ State and	Zip Code		
	E-mail address: (	to be used for futu	ure annua	report notification)	
For further information	concerning this matter, pleas	e call:			
TARA SHUCK		at (	941	751-0605	
Name o	f Contact Person		Area Co	de & Daytime Telephone Number	
Enclosed is a check for	the following amount made	payable to the Flo	rida Depa	rtment of State:	
□ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	■\$43.75 Filing Certified Cop (Additional co enclosed)	у	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Amer Divis P.O.	ing Address indment Section ion of Corporations Box 6327 hassee, FL 32314		Amend Divisio Clifton 2661 E	Address ment Section n of Corporations Building xecutive Center Circle ssee, FL 32301	

## Articles of Amendment to Articles of Incorporation

FILED

TARA AND ASSOCIATES INC	2015 AUG 31 PM 46 16
(Name of Corporation as currently filed with the F	lorida Dept. of State)
P09000044095	Florida Dept. of State)  STATE  AHASSEE, FLORIDA
(Document Number of Corporation (i	if known)
presure to the provisions of section 607.1006, Florida Statutes, this corporation:	
If amending name, enter the new name of the corporation:	
IMPERIAL COURT REPORTING, INC.	TI
ame must be distinguishable and contain the word "corporatio Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or " ord "chartered," "professional association," or the abbreviation	'Co". A professional corporation name must contain the
Y	N/A
Enter new principal office address, if applicable: Principal office address MUST BE A STREET ADDRESS )	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A
If amending the registered agent and/or registered office add new registered agent and/or the new registered office address	
Name of New Registered Agent N/A	<del>-</del>
(Florida s	treet address)
New Registered Office Address:	Florida
(City	<del></del>
•	•
Name of New Registered Agent  (Florida s  New Registered Office Address:	, Florida
•	•

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 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	<u>PT</u>	John Do	<u>oe</u>		
X Remove	<u>v</u>	Mike Jo	<u>nes</u>		
_X Add	<u>sv</u>	Sally Sn	<u>nith</u>		
Type of Action (Check One)	<u>Title</u>		Name		<u>Addres</u> s
1) Change		_	N/A		
Add					
Remove					
2) Change					
Add				<del></del>	
Remove					
3 ) Change					
Add					
Remove					
4) Change					
Add		<del></del>			
Remove					
5) Change	=	_	<u> </u>		
Add					
Remove					
6) Change	<del></del>				
Add					
Remove					

If amending or adding additional Articles, enter change(s) here:
(Attach additional sheets, if necessary). (Be specific)
N/A
······································
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
700000000000000000000000000000000000000

2---

	adoption:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	<del></del>
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/were ad by the shareholders was/were s	opted by the shareholders. The number of votes cast for the amendment(s) ufficient for approval.	
	proved by the shareholders through voting groups. The following statement reach voting group entitled to vote separately on the amendment(s):	
	t for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were ad action was not required.	opted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were ad action was not required.	opted by the incorporators without shareholder action and shareholder	
Dated	25/15	
Signature	75/15 Tun Shuck	
(By a select	director, president or other officer – if directors or officers have not been ed, by an incorporator – if in the hands of a receiver, trustee, or other court nted fiduciary by that fiduciary)	
	TARA SHUCK	
	(Typed or printed name of person signing)	<u></u>
	PRESIDENT	
	(Title of person signing)	