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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: IMPERIAL COUR	T REPORTING, INC.				
DOCUMENT NUM	BER: P09000044095					
	s of Amendment and fee are sub	omitted for filing.				
Please return all corre	espondence concerning this mat	ter to the following:				
	Tara Shuck					
	· · · · · · · · · · · · · · · · · · ·	Name of Contact Person	1			
		Firm/ Company	-			
	P.O. Box 5279					
	Address Sarasota, FL 34277					
		City/ State and Zip Code	e			
	service@tildenprohidney.com	1				
	E-mail address: (to be use	ed for future annual report	notification)			
For further information	on concerning this matter, pleas	e call:				
Tara Shuck		941 at (587-8855			
Name	of Contact Person	Area Code & Daytime Telephone Number				
Enclosed is a check f	or the following amount made p	payable to the Florida Depa	artment 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 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810				

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

IMPERIAL COURT REPORTING, INC.

(Name of Corporation as curren	tly filed with the Florida Dept. of State)				
P09000044095	2021: COT - 7 Fit 9: C2				
(Document Number	of Corporation (if known)				
Pursuant to the provisions of section 607.1006, Florida Statutes, thits Articles of Incorporation:	s Florida Profit Corporation adopts the following amendments				
A. If amending name, enter the new name of the corporation:					
Tara and Associates Inc	The new				
name must be distinguishable and contain the word "corporation," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". "chartered," "professional association," or the abbreviation "P.A	A professional corporation name must contain the word				
3. Enter new principal office address, if applicable:	3376 S. Seclusion Drive				
Principal office address MUST BE A STREET ADDRESS)	Sarasota, FL 34239				
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	P.O. Box 5279				
	Sarasota, FL 34277				
If amending the registered agent and/or registered office ad new registered agent and/or the new registered office address.					
Name of New Registered Agent					
(Florida s	street address)				
New Registered Office Address:	Florida				
	(Ciṇ) (Zip Code)				
New Registered Agent's Signature, if changing Registered Agen hereby accept the appointment as registered agent. I am familian	nt: - with and accent the obligations of the position				
петеоу ассері іне арронитені аз гедіметва адені. Тат јатиа	тып или иссерств оонданоть ој те рознот.				
Company of Man	Registered Agent, if changing				
Signature of New	registered agent, ij tridinging				
Check if applicable					

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e). F.S.

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.

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

	nal sheets, if necessa	ry). (Be specific	c)			
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If an amandm	ent provides for an	avahanga madas	cification on a	annollation of in	und shouse	
provisions for	r implementing the	amendment if no	ot contained in	the amendment	itself:	
	plicable, indicate N/.	4)				
/A 						
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The date of each amendment(s) date this document was signed.	adoption:	, if other than
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment fil	e date)
Note: If the date inserted in this document's effective date on the	block does not meet the applicable statutory filing requirement of State's records.	rements, this date will not be listed as
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
■ The amendment(s) was/were a action was not required.	dopted by the incorporators, or board of directors without	shareholder action and shareholder
☐ The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes cast for sufficient for approval.	he amendment(s)
	pproved by the shareholders through voting groups. The for each voting group entitled to vote separately on the ame	
"The number of votes ca	st for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
9/30/202	4	
Dated		
Signature	Tur Shuch	
(By a	director, president or other officer – if directors or officers	have not been
selec	ted, by an incorporator - if in the hands of a receiver, truste	
арро	inted fiduciary by that fiduciary)	
	TARA SHUCK	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	

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