P090000055914

| (Requ | iestor's Name) | |
|-----------------------------|-----------------|-----------|
| (Addr | ess) | |
| (Addr | ess) | , |
| (City/s | State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Busit | ness Entity Nar | ne) |
| (Docu | iment Number) | <u></u> |
| Certified Copies | Certificates | of Status |
| Special Instructions to Fil | ing Officer: | |
| | | |
| | | |
| | | |

Office Use Only



900249040639

06/21/13--01008--003 **35.00

Ta Jun 21 FM 9: 05

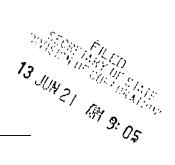
Amend 10 4.25, 13

COVER LETTER

TO: Amendment Section Division of Corporations

| NAME OF CORPOR | ATION: EXPERT | AX INC | | |
|---------------------------|--|--|---------------------------------------|---|
| DOCUMENT NUMB | DOGOOOGE | 914 | | |
| The enclosed Articles of | f Amendment and fee are su | ibmitted for fill | ng. | |
| Please return all corresp | ondence concerning this ma | itter to the follo | owing: | |
| 1 | PAULA DAZA | | | |
| <u>-</u> | EXPERTAX IN | | ontact Persor | 1 |
| <u>.</u> | 3477 WEST V | INE ST | Company | -1-1-2 |
| <u>!</u> | KISSIMMEE F | L 3474 | | <u>.</u> . |
| EXI | PERTAX@HO E-mail address: (to be us | TMAIL. | | |
| For further information | concerning this matter, pleas | se call: | | |
| PAULA DAZ | ZA | at i | 407 | 5746677 |
| Name of | Contact Person | | | de & Daytime Telephone Number |
| Enclosed is a check for | the following amount made | payable to the | Florida Depa | artment of State: |
| S35 Filing Fee | □\$43.75 Filing Fee & Certificate of Status | S43.75 Fi Certified (Additional enclosed) | Copy il copy is | S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) |
| Amer Divis P.O. | ing Address adment Section ion of Corporations Box 6327 hassee, FL 32314 | | Amend Divisio Clifton 2661 E | Address Iment Section on of Corporations Building executive Center Circle assec, FL 32301 |

Articles of Amendment to Articles of Incorporation of



EXPERTAX INC

| EXPERIAX INC | ´ <i>9</i> . |
|--|-----------------|
| (Name of Corporation as currently filed with the Florida Dept. of State) | |
| P0900055914 | |
| (Document Number of Corporation (if known) | |
| Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following ts Articles of Incorporation: | amendment(s) to |
| A. If amending name, enter the new name of the corporation: | |
| 7 | The new |
| name must be distinguishable and contain the word "corporation." "company," or "incorporated" or the abb "Corp.," "Inc.," or Co.," or the designation "Corp." "Inc," or "Co". A professional corporation name must co vord "chartered," "professional association," or the abbreviation "P.A." | breviation |
| 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 | |
| 3477 WEST VINE ST | |
| (Florida street address) New Registered Office Address: KISSIMMEE , Florida , Florida | |
| (City) (Zip Code) | |
| New Registered Agent's Signature of Changing Registered Agent. Thereby accept the appointment as registered agent. Lam 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 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 | PT Joh | nn Doe | |
|----------------------------|----------------------|-----------------|--------------------|
| X Remove | <u>V</u> <u>Mi</u> | ke Jones | |
| X Add | <u>SV</u> <u>Sal</u> | lly Smith | |
| Type of Action (Check One) | <u>Title</u> | Name | <u>Addres</u> s |
| 1) Change | <u>P</u> | CARLOS AVILES | 2225 PARIA LANE |
| Add | | | KISSIMMEE FL |
| X Remove | | | 34758 |
| 2) Change | VP | DANIEL MOGOLLON | 4005 NAVIGATOR WAY |
| Add | | | KISSIMME FL 34758 |
| X | | | |
| 3) Change | Р | PAULA DAZA | 3477 WEST VINE ST |
| X | | | KISSIMME FL 34741 |
| Remove | | | |
| 4) Change | | | |
| Add | | | |
| Remove | | | |
| 5) Change | | | |
| Add | | | |
| Remove | | | |
| 6) Change | | | |
| Add | | | |
| Remove | | | |

| Attach additional sheets, if necessary). | (Be specific) |
|---|--|
| | |
| | |
| | |
| | |
| | |
| | Alexander and a second a second and a second a second and |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| , | |
| f an amendment provides for an exch provisions for implementing the ame | nange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself: |
| f an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate N/A) | nange, reclassification, or cancellation of issued shares, and and an analysis in the amendment itself: |
| provisions for implementing the amer | nange, reclassification, or cancellation of issued shares, and and in the amendment itself: |
| provisions for implementing the amer | nange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself: |
| provisions for implementing the amer | nange, reclassification, or cancellation of issued shares, and and in the amendment itself: |
| provisions for implementing the amer | nange, reclassification, or cancellation of issued shares, and and and in the amendment itself: |
| provisions for implementing the amer | nange, reclassification, or cancellation of issued shares, and and in the amendment itself: |
| provisions for implementing the amer | nange, reclassification, or cancellation of issued shares, and the amendment itself: |
| provisions for implementing the amer | nange, reclassification, or cancellation of issued shares, and and in the amendment itself: |
| provisions for implementing the amer | nange, reclassification, or cancellation of issued shares, and the amendment itself: |

| The date of each amendment(s) adoption: 06/17/2013 | | |
|--|---|--|
| Effective date if applicable: | | |
| | (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 suffici | by the shareholders. The number of votes cast for the amendment(s) ent for approval. | |
| | ed by the shareholders through voting groups. The following statement h voting group entitled to vote separately on the amendment(s): | |
| "The number of votes cast for t | he amendment(s) was/were sufficient for approval | |
| by | (voting group) | |
| | (voting group) | |
| The amendment(s) was/were adopted action was not required. | by the board of directors without shareholder action and shareholder | |
| ☐ The amendment(s) was/were adopted action was not required. | by the incorporators without shareholder action and shareholder | |
| Dated . | 7.2013 | |
| Signature | allow). | |
| (By a direct | or, president of other officer – if directors or officers have not been | |
| | an incorporator – if in the hands of a receiver, trustee, or other court duciary by that fiduciary) | |
| •• | • • | |
| <u> P</u> | AULA DAZA | |
| | (Typed or printed name of person signing) | |
| PF | RESIDENT | |
| | (Title of person signing) | |