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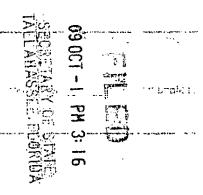
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EXAMINER

COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: Tax Acountant Inc.	Name of Corporation
DOCUMENT NUMBER: P0900007	•
The enclosed Articles of Correction and f	ee are submitted for filing.
Please return all correspondence concerni	ng this matter to the following:
Manuel Molina	
Name of Contact Person	
Tax Accountant Inc.	<u>.</u>
12214 SW 111th Lane	
Miami, Florida 33186 City/State and Zip Code	
taxaccountant33@yahoo.com E-mail address: (to be used for future annual r	report notification)
For further information concerning this m	atter, please call:
Manuel Molina Name of Contact Person	at (305) 6309347 Area Code & Daytime Telephone Number
Enclosed is a check for the following amo	ount:
☑\$35.00 Filing Fee	\$43.75 Filing Fee & Certificate of Status
☐ \$43.75 Filing Fee & Certified Copy	\$52.50 Filing Fee, Certificate of Status & Certified Copy
Mailing Address:	Street Address:
Amendment Section	Amendment Section
Division of Corporations	Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314	Clifton Building 2661 Executive Center Circle
1 unumussee, 1 L 34317	Tallahassee, FL 32301

ARTICLES OF CORRECTION

for

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or
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V/PRESIDENT (Title of person signing)

Filing Fee: \$35.00