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SECRETARY OF STATE

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COVER LETTER

TO: Amendment Section Division of Corporations	
NAME OF CORPORATION: Central Ta	x Services inc
DOCUMENT NUMBER: P09000091884	
The enclosed Articles of Amendment and fo	
Please return all correspondence concerning	this matter to the following:
Felix J. Rivera	
	Name of Contact Person
Central Tax Services	Inc.
	Firm/ Company
1912 W. Oak St.	
	Address
Kissimmee, FL 3474	1
	City/ State and Zip Code
info@centraltaxservi	aces.com
E-mail address:	(to be used for future annual report notification)
For further information concerning this mat	ter, please call:
Felix J. Rivera	at () 483-9399 Area Code & Daytime Telephone Number
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount	nt made payable to the Florida Department of State:
■ \$35 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 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

Central Tax Services Inc.	
	y filed with the Florida Dept. of State)
P09000091884	
(Document Number o	f Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
Central Tax & Accounting Services 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."	company," or "incorporated" or the abbreviation "Corp.," A professional corporation name must contain the word
B. Enter new principal office address, if applicable:	7/12
(Principal office address MUST BE A STREET ADDRESS)	
C. Enter new mailing address, if applicable:	, 1 ^
(Mailing address MAY BE A POST OFFICE BOX)	4/4
D. If amending the registered agent and/or registered office add	ress in Florida, enter the name of the
new registered agent and/or the new registered office address	<u>ه ا</u> ل A
Name of New Registered Agent	U(H
(Florida st	reet address)
New Registered Office Address:	, Florida
	(Ciry) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familiar	<u>u:</u> with and accept the obligations of the position.
The control of the co	

Signature of New Registered Agent, if changing

Check if applicable

 $[\]square$ 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.

Example:

X Change	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
_X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Name	Address
1) Change		2/8	
Add			
Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			_
Add			
Remove			

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/4)		(Be specific)
provisions for implementing the amendment if not contained in the amendment itself:		
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(if not applicable, indicate N/A)	If an amendment provides for an exc	hange, reclassification, or cancellation of issued shares,
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The date of each amendment(s) a date this document was signed.	doption:	, if other than the
Effective date if applicable:		
	tno more than 90 days after amendment file c	later
Note: If the date inserted in this bedocument's effective date on the De	block does not meet the applicable statutory filing requires epartment of State's records.	ments, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were add action was not required.	opted by the incorporators, or board of directors without sha	areholder action and shareholder
☐ The amendment(s) was/were add by the shareholders was/were so	opted by the shareholders. The number of votes east for the ufficient for approval.	e amendment(s)
	proved by the shareholders through voting groups. The foll each voting group entitled to vote separately on the amend	
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(Coung group)	
08/08/2	022	
Dated		
Signature	/e/c/·U/	
(By a d	hirector, president or other difficer if directors or officers had by an incorporator it in the hands of a receiver, trustee	nave not been
	ned fiduciary by that fiduciary)	, or other court
	Felix J. Rivera	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	