P10000047448

Office Use Only



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09/27/19--01011--016 **35.00

SECRETARY OF SIAILA TALLA HASSEE, FLORIDA 13 SEP 27 PH 12: 02

OCT = 7 2013

T. CARTER

COVER LETTER

Division of Corporations
NAME OF CORPORATION: Neg/S Tax Refund and Accounting Services Independent number: P10000047448
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Ralph O Lindsey Name of Contact Person Neal's Tax Refund and Accounting Services Firm/Company 2101 Vista Ptwy 135 Address West Palm Beach Fc 33411 City/State and Zip Code neal Stax refund Oyahoo. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Ralph O. Linds-ey at (561) 253 4099 Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed)

Mailing Address

TO: Amendment Section

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

FILED SECRETARY OF STATE TALLAWASSEE, FLORIDA

13 SEP 27 PH 12: 02

Neal's Tax Ketural and Accou	nting Services INC
(Name of Corporation as currently filed with the Flor	ida Dept. of State)
P100000 47 448	
(Document Number of Corporation (if k	nown)
Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Statutes, the Statutes of Statut	orida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation," "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Coword "chartered," "professional association," or the abbreviation "P.	o". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	- NA
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	MA
D. If amending the registered agent and/or registered office address: Name of New Registered Agent Name of New Registered Agent	ss in Florida, enter the name of the
3136 Bollard (Florida stree	a .
New Registered Office Address: West Palm (City)	Beach, Florida FC 3341) (Zip Code)
I ONLY WANT address changel	
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar wi	th and accept the obligations of the position.
Signature of New Registered Ag	rent, if changing

of

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 <math>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	<u>Title</u>	Name	<u>Addres</u> s
(Check One)	_		
1) Change	5	Gregory Odom	1515 W 21 Ter
<u></u> Add		•	1515 W 21 Ter BOYNTON BEACH, FL, 33436
Remove			FL, 33436
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
Kelilove			
6) Change		_	
Add			
Remove			

	s, if necessary). (Be specific)	·
an amendment pro- provisions for imple (if not applicable	vides for an exchange, reclassification, or cancellation of issuenting the amendment if not contained in the amendment its indicate N/A)	ed shares, self:
	A/A	

The date of each amendment(s) adoption:	_, if other than the
date this document was signed.	_
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. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by" (voting group)	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated 9/19/2013 Signature Rolph O Lundren	
Signature Kalph O Lundsen	
(By a director, president or other officer — if directors or officers have not been	
selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
7	
(Typed or printed name of person signing)	_
President	_
(Title of person signing)	