P10000051387





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SECRETARY OF STATE OF STATE OF CORPORATIONS

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COVER LETTER

TO: Amendment Section

Division of Corpo	•				
NAME OF CORPOR	ATION.		NESS SERVICES. INC.		
DOCUMENT NUMB	ER: P1000005138	37 			
The enclosed Articles	of Amendment and fee are su	abmitted for filing.			
Please return all corres	pondence concerning this ma	atter to the following:			
	NANCY BENET				
		Name of Contact Person	n		
•	CENTRAL FLORID	A TAX and BUSIN	ESS SERVICES, INC.		
•		Firm/ Company			
	605 W. NEW YO	RK AVE. 3004	C		
,		Address			
	DELAND, FLOR	IDA 32720	•		
•		City/ State and Zip Cod	e		
nar	cybenet@yahoo	com			
- Idi	E-mail address: (to be u	sed for future annual report	notification)		
For further information	concerning this matter, plea	se call:			
NANCY BENET		at (386	747-3636		
Name o	f Contact Person	Area Co	de & Daytime Telephone Number		
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:		
\$35 Filing Fee	\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy	□\$52.50 Filing Fee Certificate of Status		
	Confidence of Status	(Additional copy is	Certified Copy		
	enclosed)	(Additional C			
			is enclosed)		
	ing Address		Address		
Amendment Section			Amendment Section		
	sion of Corporations Box 6327		Division of Corporations Clifton Building		
	hassee, FL 32314	2661 Executive Center Circle			
3 4110			assee, FL 32301		

Articles of Amendment Articles of Incorporation

CENTRAL FLORIDA TAX AND BUSINESS SERVICES, INC.

(Name of Corporation as currently filed with the Florida Dept. of State)

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P10000051387	
(Document Number of Corporation (if	known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this F its Articles of Incorporation:	Torida Profit Corporation adopts the following amendment(s)
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 "C word "chartered," "professional association," or the abbreviation "P	o". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	605 W. NEW YORK AVE. ರುಗ್ನ C
(Principal office address MUST BE A STREET ADDRESS)	DELAND, FLORIDA 32720
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	605 W. NEW YORK AVE. Softe C
	DELAND, FLORIDA 32720
D. If amending the registered agent and/or registered office addresses registered agent and/or the new registered office address: Name of New Registered Agent Name of New Registered Agent	ess in Florida, enter the name of the
	ORK AVE. Suite C
(Florida stree	
New Registered Office Address: DELAND	, Florida 32720 (Zip Code)
(City)	(Zip Code)
٨	
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar wi	ith and accept the obligations of the position
V Cener Sent	
Signature of New Registered Ag	gent, 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.

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	<u>Name</u>	<u>Addres</u> s
Change Add Remove	DPST	JOHN C. EIDT	639 E. PENNSYLVANIA AVE. DELAND FLORIDA 32724
2) Change Add Remove			
3) Change X Add Remove	DPST	NANCY BENET	605 W. NEW YORK AVE SUITE C
4) Change Add Remove			
5) Change Add Remove		<u>-</u> .	
6) Change Add Remove		_	

f amending or adding additional Art attach additional sheets, if necessary).	(Be specific)	
n amendment provides for an exchan	nge, reclassification, or cancellation of issued shares,	
(if not applicable, indicate N/A)	endment if not contained in the amendment itself:	
	· · · · · · · · · · · · · · · · · · ·	-
		· · ·

Page 3 of 4 The date of each amendment(s) adoption: DECEMBER 15, 2011 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 east for the amendment(s) was/were sufficient for approval ☐ 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. Signature (B) 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)

NANCY BENET

PRESIDENT

(Typed or printed name of person signing)

(Title of person signing)