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ALL MASSEL FLORID

15 SEP 29 4/10: 13

OCT 01 2015 R. WHITE

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORA	ATION: CENTRAL FLORI	DA TAX SPECIALIST				
DOCUMENT NUMBI						
The enclosed Articles o	f Amendment and fee are sul	bmitted for filing.				
Please return all corresp	ondence concerning this mat	tter to the following:				
F	FRANK ABALO					
-		Name of Contact Person	1			
(CENTRAL FLORIDA TAX SPECIALIST					
_		Firm/ Company				
7	200 ALOMA AVE SUITE	G				
-		Address				
1	WINTER PARK FL 32792		•			
-		City/ State and Zip Code	e			
TAX@	CFLTAX.COM					
	E-mail address: (to be us	sed for future annual report	notification)			
For further information	concerning this matter, pleas	se call:				
FRANK ABALO		407 at (de & Daytime Telephone Number			
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:			
S35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)			
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address Amendment Section Division of Corporations Clifton Building				

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

CENTRAL FLORIDA TAX SPECIALIST	15 SEP 28 ANNO: 12
(Name of Corporation as	currently filed with the Florida Dept. of State)
P11000101466	FALLAHASSEE, FLOLIDA
(Document N	lumber of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statuits Articles of Incorporation:	utes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corpora	ation:
TAX SPECIALIST INC	The new
name must be distinguishable and contain the word "cc "Corp.," "Inc.," or Co.," or the designation "Corp," "In word "chartered," "professional association," or the abbre	orporation," "company," or "incorporated" or the abbreviation nc," or "Co". A professional corporation name must contain the eviation "P.A."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRES)	N/A (S)
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A
D. If amending the registered agent and/or registered of new registered agent and/or the new registered office	
Name of New Registered Agent N/A	
	Florida street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
N. B. C. LA O.C. C. ICL I. B. C.	
New Registered Agent's Signature, if changing Register I hereby accept the appointment as registered agent. I am	ca Agent: 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.

Example: X Change	<u>PT</u>	John Doc	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	_Title	Name	<u>Addres</u> s
I) Change		N/A	
Add			
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. <u>If ame</u> (Attacl	ending or adding additional shee	g additional Art	ticles, enter chan (Be specific)	ge(s) here:			
N/A							
				·			
						-	
	<u>-</u>			<u>. </u>			<u>. </u>
			-				
F. If an	amendment pro	ovides for an exc	change, reclassif	ication, or ca	ncellation of i	ssued shares.	
prov	visions for imple	menting the an	endment if not o	ontained in t	he amendmer	nt itself:	
	(if not applicable	e, indicate N/A)					
N/A							
							
	<u></u>						

	09/25/2015	
The date of each amendment(s) a date this document was signed.	doption:	, if other than the
Effective date <u>if applicable:</u>		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bedocument's effective date on the De	block does not meet the applicable statutory filing requirements, this datepartment of State's records.	ite will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes cast for the amendment(stricted for approval.	s)
☐ The amendment(s) was/were approvided for must be separately provided for	proved by the shareholders through voting groups. The following statemed each voting group entitled to vote separately on the amendment(s):	ent
	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
	opted by the board of directors without shareholder action and shareholde	er
☐ The amendment(s) was/were add action was not required.	opted by the incorporators without shareholder action and shareholder	
09/25/2015	í	
Dated		
Signature		
(By a c	rector, president or other officer - if directors or officers have not been	.
sclecto	d, by an incorporator - if in the hands of a receiver, trustee, or other cour	r t
appoin	ted fiduciary by that fiduciary)	
	FRANK ABALO	
	(Typed or printed name of person signing)	
	OWNER/PRESIDENT	
	(Title of person signing)	