## P1200010647

(Re	equestor's Name)	<del></del>
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(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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2011 JUN 11 P 12: 51 SECRETARY OF STATE ALLAHASSEE, FLORIDA

FILED

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: Secure Tax Advis	sors, Inc.	
DOCUMENT NUMBER: P12000010647		
The enclosed Articles of Amendment and fee are sul	bmitted for filing.	
Please return all correspondence concerning this mat	ter to the following:	
Carlos Dias Jr.		
<del>- • · · · · · · · · · · · · · · · · · · </del>	Name of Contact Person	
Excel Tax Planning, Inc.		
	Firm/ Company	<del> </del>
P.O. Box 952884		
	Address	
Lake Mary, FL 32795		
·	City/ State and Zip Code	
carlos@exceltaxplanning.com		
E-mail address: (to be us	ed for future annual report no	otification)
For further information concerning this matter, pleas	e call:	
Carlos Dias Jr.	at (	268-6866
Name of Contact Person	Area Code	& Daytime Telephone Number
Enclosed is a check for the following amount made p	payable to the Florida Depart	ment of State:
\$35 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, Ft. 32314	Division Clifton B	ent Section of Corporations

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

Secure Tax Advisors, Inc.	
(Name of Corporation as currently filed with the I	Florida Dept. of State)
P12000010647	
(Document Number of 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:	
Excel Tax Planning, Inc.	The new
name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	on," "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	1301 S. International Parkway
(Principal office address <u>MUST BE A STREET ADDRESS</u> )	Suite 1041
	Lake Mary, FL 32746
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	P.O. Box 952884
	Lake Mary, FL 32795
D. <u>If amending the registered agent and/or registered office add new registered agent and/or the new registered office addres</u>	
Name of New Registered Agent	_
nume of New Registered Agent	
(Florida st	reet address)
New Registered Office Address:	. Florida
New Registered Office Address. (City,	
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familiar	
	ZE ZII
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: XChange	<u>PT</u> <u>John I</u>	<u>Doe</u>	
X Remove	<u>V</u> <u>Mike</u>	<u>Jones</u>	
X Add	<u>SV</u> <u>Sally</u>	<u>Smith</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
I) X Change Add Remove	President	Carlos Dias Jr.	P.O. Box 952884 Lake Mary, FL 32795
2) Change X Add Remove	Vice President	Lauren Dias	P.O. Box 952884 Lake Mary, FL 32795
3 ) Change Add Remove			
4) Change Add Remove			
5) Change Add Remove			
6) Change Add Remove			

	ditional sheets, if necessary). (Be specific)
ease add	FEI/EIN Number (45-4417563) to the "Filing Information" section. Currently it shows "None
	<del></del>
	· · · · · · · · · · · · · · · · · · ·
If an ama	ndment provides for an exchange, reclassification, or cancellation of issued shares,
provision	ns for implementing the amendment if not contained in the amendment itself:
(if no	ot applicable, indicate N/A)

The date of each amendment(s)	adoption: USID
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
☐ The amendment(s) was/were a by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.
	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):
"The number of votes ca	ast for the amendment(s) was/were sufficient for approval
by	(voting group)
	adopted by the board of directors without shareholder action and shareholder
The amendment(s) was/were a action was not required.	adopted by the incorporators without shareholder action and shareholder
Dated_6/8/201	2
selec	a director, president or other officer – if directors or officers have not been eted, by an incorporator – if in the hands of a receiver, trustee, or other court pinted fiduciary by that fiduciary)
	Carlos Dias Jr.
	(Typed or printed name of person signing)
	President
	(Title of person signing)