## P12000030723

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Amend Cus 0 8/23/12

## **COVER LETTER**

TO: Amendment Section

Division of Corporations

NAME OF CORPORATION: Preferred Payroll Consultants Comporation P12000030723 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Firm/ Company Jasmine Lake Drive Tarpon Springs Florida 34689 City/ State and Zip Code in fo@ Preferred Payroll Consultants, com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (813) 598-6372

Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: \$43.75 Filing Fee & Certificate of Status □ \$35 Filing Fee □\$43.75 Filing Fee & □\$52.50 Filing Fee Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) Street Address **Mailing Address** Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle

Tallahassee, FL 32301

## **Articles of Amendment**

to

Articles	of Incorporation	" ISTON'O
Preferred Payroll Co	or onsultants Corporat	7.5 ·
(Name of Corporation as currently filed with	h the Florida Dept. of State)	<u> </u>
P1200	0030723	
(Document Number of Corpora		
Pursuant to the provisions of section 607.1006, Florida Statute its Articles of Incorporation:	es, this <i>Florida Profit Corporation</i> add	pts the following amendment(
A. If amending name, enter the new name of the corporati	ion:	
name must be distinguishable and contain the word "corp "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc, word "chartered," "professional association," or the abbrevi	" or "Co". A professional corporate	The new ated" or the abbreviation ion name must contain the
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u> )	Tarpon Spring	s, FL,
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1272 JAST	nine Lake Drive
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office a	ce address in Florida, enter the name	
Name of New Registered Agent		
(Flo	orida street address)	
New Registered Office Address:	, Florida,	(Zip Code)
	, ·	·
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am fa		of the position.

Page 1 of 4

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.

Exa <del>mp</del> le: XChange	PT Jo	hn Doe	
X Remove	<u>V</u> <u>M</u>	ike Jones	
X Add	<u>SV</u> Sa	ally Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) X Change Add Remove	D,7	Dina Mougros	1272 Jasmine Lake Dr. Tarpon Springs Fl. 34689
2) Add Remove	工	Dina Mougros	1272 Jasmine Lake Dr. Tarpon Springs, Fl. 34689
Change Add Remove	<u>D,S</u>	Dina Mougros	1272 Jasmine Lake Dr. Jarpon Springs, Fl. 34689
4) Change Add Remove			
5) Change Add Remove			
6) Change Add Remove			

f amending or adding additional Artic attach additional sheets, if necessary).	(Be specific)
·	
an amendment provides for an exchiprovisions for implementing the amer (if not applicable, indicate N/A)	nange, reclassification, or cancellation of issued shares, ndment if not contained in the amendment itself:
	, men and a second a
, , , , , , , , , , , , , , , , , , ,	

The date of each amendment(s) add	0119/2012
Effective date if applicable:	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	( <u>CHECK ONE</u> )
☐ The amendment(s) was/were adop by the shareholders was/were suff	oted by the shareholders. The number of votes cast for the amendment(s) ficient for approval.
	oved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):
"The number of votes cast for	or the amendment(s) was/were sufficient for approval
by	(voting group)
	(voting group)
action was not required.  The amendment(s) was/were adop	oted by the board of directors without shareholder action and shareholder oted by the incorporators without shareholder action and shareholder
Vaction was not required.  Dated $8$	19/2012 Dim Mayre
Signature	Dim Maure
(By a dit selected	rector, president or other difficer – if directors or officers have not been, by an incorporator – if in the hands of a receiver, trustee, or other court ed fiduciary by that fiduciary)
	(Typed or printed name of person signing)
-	(Typed or printed name of person signing)
_	President
_	(Title of person signing)