# P/200011337

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## COVER LETTER

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: TAX CARE DOCUMENT NUMBER: P1200009133		ROUP, TNC.				
The enclosed Articles of Amendment and fee are su						
Please return all correspondence concerning this ma	atter to the following:					
DANIEL ALVAREZ						
Name of Contact Person TAX CARE FRANCHISE GROUP, INC						
Firm/ Company						
417 CENTER POINTE CIR. SUITE 1737						
ALTAMONTE SPRINGS, FL 32701						
City/ State and Zip Code						
DANIEL@TAXCARE						
E-mail address: (to be used for future annual report notification)						
For further information concerning this matter, please call:						
DANIEL ALVAREZ	<sub>at (</sub> 407	, 774-0861				
Name of Contact Person	Area Co	de & 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	□\$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 2661 Executive Center Circle					

Tallahassee, FL 32301

#### Articles of Amendment to Articles of Incorporation of

# TAX CARE FRANCHISE GROUP, INC

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

### P12000091337

(Document Number of Corporation (if known)

Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to

ame must be distinguishable and contain the Corp.," "Inc.," or Co.," or the designation "C ord "chartered," "professional association," or	orp," "Inc," or "Co". A prof	ny," or "incorpor fessional corporat	The ated" or the abbrevi ion name must conto
s. Enter new principal office address, if applica Principal office address <u>MUST BE A STREET A</u>			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	<b>BOX</b> )		
. If amending the registered agent and/or reginew registered agent and/or the new register	stered office address in Florid red office address:	a, enter the name	e of the
Name of New Registered Agent		***	
	(Florida street address)	*****	
	(City)	, Florida	(Zin Coda)
		, Florida	(Zip Code)

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 (Check One)	<u>Title</u>	<u>Name</u>	Address		
I) Change	PD	MOISES ALVAREZ	417 CENTER POINTE CIR.		
Add			<b>SUITE 1737</b>		
X Remove			ALTAMONTE SPRINGS, FL 32701		
2) Change	PD	DANIEL ALVAREZ	417 CENTER POINTE CIR.		
X Add	<u> </u>		SUITE 1737		
Remove			ALTAMONTE SPRINGS, FL 32701		
3 ) Change					
Add					
Remove					
4) Change					
Add					
Remove					
5) Change					
Add					
Remove			Additional Control of		
6) Change	A-1				
Add					
Remove					

The date of each amendment(s) adoption: 3/11/2013 3/11/2013 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 (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 Signature (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) DANIEL ALVAREZ (Typed or printed name of person signing) **PRESIDENT** 

(Title of person signing)