## P12000091337

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SECRETARY OF STATE OF WISION OF CORPORATION OF STATE OF S

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: Tax C	are Franchi	se Group	, Inc
DOCUMENT NUMBER: P120000			
The enclosed Articles of Amendment and f	ee are submitted for	filing.	
Please return all correspondence concerning	g this matter to the fo	ollowing:	
Daniel Alvar	ez		
<del></del> -	Name o	f Contact Person	1
Tax Care Fr	anchise Gro	oup, Inc	
	Firm	n/ Company	
417 Center	Point Circle,	Ste 1737	7
		Address	
Altamonte S	Springs, FI 3	2701	
-	City/ Sta	ite and Zip Cod	2
moises@taxcar	einc.com		
E-mail address:	(to be used for futur	e annual report	notification)
For further information concerning this mat	ter, please call:		
Daniel Alvarez	<sub>at (</sub> 407	, 774-0861	
Name of Contact Person	·		de & Daytime Telephone Number
Enclosed is a check for the following amoun	nt made payable to t	he Florida Depa	ertment of State:
\$35 Filing Fee \$43.75 Filing Certificate of	Status Certific	Filing Fee & ed Copy onal copy is ed)	□\$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		Amend Divisio Clifton 2661 E	Address ment Section n of Corporations Building xecutive Center Circle

## Articles of Amendment to Articles of Incorporation of

(Name of Corporation as currently	y filed with the Florida Dept. of State)	
P12000091337		
(Document Number	r of Corporation (if known)	_
Pursuant to the provisions of section 607.1006, Flor its Articles of Incorporation:	rida Statutes, this Ftorida Profit Corporation adopts the follow	ving amendment(s)
A. If amending name, enter the new name of the	e corporation:	
		The new
name must be distinguishable and contain the w "Corp.," "Inc.," or Co.," or the designation "Co word "chartered," "professional association," or t	word "corporation," "company," or "incorporated" or the orp," "Inc," or "Co". A professional corporation name must the abbreviation "P.A."	abbreviation
B. <u>Enter new principal office address, if applica</u> (Principal office address <u>MUST BE A STREET A</u>		_
		<del></del>
C. Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE I	<u>BOX</u> )	<del></del>
		<u> </u>
		– <b>చ</b>
D. If amending the registered agent and/or regis	stered office address in Florida, enter the name of the	ISION OF C
new registered agent and/or the new register	ed office address:	7 27 PF
Name of New Registered Agent		, , , , , , , , , , , , , , , , , , ,
		A A A A A A A A A A A A A A A A A A A
<del></del> -	(Florida street address)	9: 2
New Registered Office Address:	, Florida	വ െ ് <sup>_</sup>
	(City) (Zip Code)	
New Registered Agent's Signature, if changing R	Registered Agent:	
	tt. I am familiar with and accept the obligations of the position	1.
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.

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>	<u>Addres</u> s
1) Change	PD	Daniel Alvarez	417 center point circle
Add			Ste 1737
Remove			Altamonte springs, FI 3270
2) Change	PD	Moises Alvarez	417 center point circle
✓ Add			Ste 1737
Remove			Altamonte springs, FI 3270
3) Change			···
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove		,	
6) Change			
Add			
Remove			

If amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)
	. , , , , , , , , , , , , , , , , , , ,
····	
If an amendment provides for an exch	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	adment if not contained in the amendment itsen.

Effective date if applicable:    9/30/2013	than the
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 by	
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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	
(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	
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action was not required.  The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.  Dated  Signature	
Dated Signature	
Signature	
des in the state of the state o	
(By a director, president or other officer his 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)  A  A  A  A  A  A  A  A  A  A  A  A  A	
(Typed or printed name of person signifig)	

(Title of person signing)