

P13000011414

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

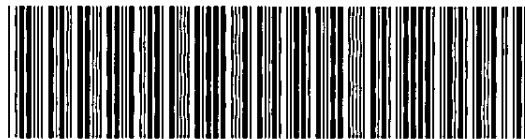
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only

1/3/14  
Filed as duplicate name, did  
Name change no charge



400254351534

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
14 JAN - 3 AM 10:40

NC

JAN - 6 2014

J. BRYAN

COVER LETTER

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: Mitch USA tax services inc.

DOCUMENT NUMBER: P13000011414

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Michelet Louissaint  
Name of Contact Person

Mitch USA TAX SERVICES INC.  
Firm/ Company

12032 university club dr. Apt 103  
Address

TAMPA, FL 33612  
City/ State and Zip Code

Mlouissaint@mail.usf.edu  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michelet Louissaint at (561) 983-7145  
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

- |  |  |   |  |
|--|--|---|--|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input type="checkbox"/> \$52.50 Filing Fee<br>Certificate of Status<br>Certified Copy<br>(Additional Copy<br>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

RECEIVED

13 DEC 18 AM 11:01

AMENDMENT SECTION  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FL 32314

FILED STATE  
SECRETARY OF  
TALLAHASSEE, FLORIDA  
14 JAN -3 AM 10:40



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 19, 2013

MICHELET LOUISSAINT  
MITCH USA TAX SERVICES INC.  
12832 UNIVERSITY CLUB DR. APT 103  
TAMPA, FL 33612

SUBJECT: MITCH TAX SERVICES INC.  
Ref. Number: P13000011414

RECEIVED  
14 JAN -6 AM 11:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

We received the form but you didn't complete last page of form. You will need to check one of the boxes under adoption of amendment, then sign.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Joey Bryan  
Regulatory Specialist II Supervisor

Letter Number: 013A00028866

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
14 JAN -3 AM 10:40

Articles of Amendment  
to  
Articles of Incorporation  
of

Mitch tax services inc

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

P1300011414

(Document Number of Corporation (if known))

FILED STATE  
SECRETARY OF FLORIDA  
TALLAHASSEE, FLORIDA  
14 JAN -3 AM 10:40

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

Mitch USA tax services inc The new  
name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation  
"Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.". A professional corporation name must contain the  
word "chartered," "professional association," or the abbreviation "P.A."

B. Enter new principal office address, if applicable:  
(Principal office address MUST BE A STREET ADDRESS)

12832 university  
club DR apt 103  
Tampa, FL 33612

C. Enter new mailing address, if applicable:  
(Mailing address MAY BE A POST OFFICE BOX)

D. If amending the registered agent and/or registered office address in Florida, enter the name of the  
new registered agent and/or the new registered office address:

Name of New Registered Agent \_\_\_\_\_

\_\_\_\_\_  
(Florida street address)

New Registered Office Address: \_\_\_\_\_, Florida \_\_\_\_\_  
(City) (Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am 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                      PT      John Doe

X Remove                      V      Mike Jones

X Add                              SV      Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add	_____	_____	_____
<input type="checkbox"/> Remove	_____	_____	_____
2) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add	_____	_____	_____
<input type="checkbox"/> Remove	_____	_____	_____
3) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add	_____	_____	_____
<input type="checkbox"/> Remove	_____	_____	_____
4) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add	_____	_____	_____
<input type="checkbox"/> Remove	_____	_____	_____
5) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add	_____	_____	_____
<input type="checkbox"/> Remove	_____	_____	_____
6) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add	_____	_____	_____
<input type="checkbox"/> Remove	_____	_____	_____

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
14 JAN -3 AM 10:41

(Attach additional sheets, if necessary). (Be specific)

(Attach additional sheets, if necessary). (Be specific)

[illegible]

(if not applicable, indicate N/A)

(if not applicable, indicate N/A)

---

---

---

---

---

---

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
14 JAN -3 AM 10:41

The date of each amendment(s) adoption: \_\_\_\_\_, if other than the date this document was signed.

Effective date if applicable: \_\_\_\_\_  
(no more than 90 days after amendment file date)

Adoption of Amendment(s) (CHECK ONE)

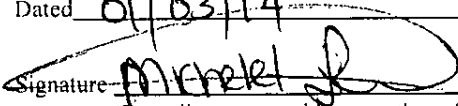
- ☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
- ☐ The amendment(s) was/were approved by the shareholders through voting groups. *The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):*

"The number of votes cast for the amendment(s) was/were sufficient for approval

by \_\_\_\_\_  
(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 01/03/14

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)

Michèle Louissaint

(Typed or printed name of person signing)

owner

(Title of person signing)

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
14 JAN -3 AM 10:41