P 13000044896

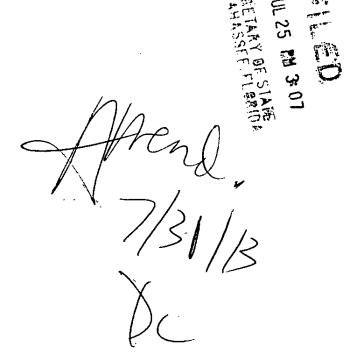
(Re	equestor's Name)	
(Ac	idress)	
(Ac	ddress).	
(Ci	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nam	e)
(Do	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	NAP 7	TAX SERV	VICE	E, INC		
DOCUMENT NUMBER:	P13000044896					
The enclosed Articles of Amendment	and fee are subn	nitted for filing.				
Please return all correspondence conc	erning this matter	r to the following:				
	AGUS	TIN PICE	IARI	00		
Name of Contact Person NAP TAX SERVICE, INC				INC		
Firm/ Company 1821 SAND ARBOR CIR				CIR	<u>_</u>	
	ORLANDO, FL 32824					
	A OLIOTI	City/ State and Zip		20.0014		
		NNWI@Y				
For further information concerning thi	s matter, please o	call:				
AGUSTIN PICHAR	AGUSTIN PICHARDO at 407 731-9737					
Name of Contact Person	n			& Daytime Telephone Num	ıber	
Enclosed is a check for the following amount made payable to the Florida Department of State:						
_	Filing Fee & [\$43.75 Filing Fee Certified Copy (Additional copy i enclosed)		\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Mailing Address Amendment Section Division of Corpora P.O. Box 6327 Tallahassee, FL 323	tions	Aı Di Cl	ivision o ifton Bu	nt Section of Corporations		

Tallahassee, FL 32301

Articles of Amendment Articles of Incorporation

NAP TAX SERVICE, INC

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

P13000044896

lment(s) to

(Document Number of Co	poration (if known)	
Pursuant to the provisions of section 607.1006, Florida Statists Articles of Incorporation:	atutes, this Florida Profit Corporation adopts the foll	owing amendme
A. If amending name, enter the new name of the corpo	ration:	
		The new
name must be distinguishable and contain the word " "Corp.," "Inc.," or Co.," or the designation "Corp," ' word "chartered," "professional association," or the abb	Inc," or "Co". A professional corporation name n	he abbreviation nust contain the
B. Enter new principal office address, if applicable:	13802 LANDSTAR BLVD	,
(Principal office address MUST BE A STREET ADDRE	^{SS)} Unit 105	
	ORLANDO, FL 3282	24
C. Determine the Line in the		
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	e address:	
Name of New Registered Agent		
	Florida street address)	
New Registered Office Address:	, Florida	
	(City) (Zip Code)
New Registered Agent's Signature, if changing Register		
hereby accept the appointment as registered agent. I am	jamiliar with and accept the obligations of the positi	on.
Signature of New Re	egistered Agent, if changing	
g c -y	g G W V TIMBONG	

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 Jo	hп Doe	
X Remove	<u>V</u> <u>Mi</u>	ike Jones	
X Add	<u>SV</u> <u>Sa</u>	lly Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	VP	NILKA MARTINEZ PICHARDO	4934 CASA VISTA DRIVE
Add X Remove			ORLANDO, FL 32837
2) Change	VP	ROSA M. PICHARDO	1821 SAND ARBOR CIR
X_{Add}			ORLANDO, FL 32824
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
P			

<u>If amending or adding</u> Attach <i>additional sheet</i>	ts, if necessary).	(Be specific)	- <u>1 - (</u>		
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If an amendment provi provisions for implem	ides for an exch	ange, reclassific	ation, or cance	llation of issued	shares,
(if not applicable,	tenting the amer	adment if not co	ntained in the a	<u>imendment itsel</u>	<u>f:</u>
(у посирупсиоте,	maicaie waj				
					· · · · · · · · · · · · · · · · · · ·
			<u> </u>		
					
					 -

The date of each amendment(s) ado	07/15/2013	, if other than th
date this document was signed.	07/15/2013	, ••
Effective date if applicable:	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopt by the shareholders was/were suffi	ed by the shareholders. The number of votes cast for the amendment(s) cient for approval.	
	oved by the shareholders through voting groups. The following statement ach voting group entitled to vote separately on the amendment(s):	
"The number of votes cast fo	r the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
The amendment(s) was/were adopt action was not required.	ed by the board of directors without shareholder action and shareholder	
The amendment(s) was/were adopt action was not required.	ed by the incorporators without shareholder action and shareholder	
Dated 7/2 2	2/13	
Signature Hair	hast	
(By a dire	ctor, president or other officer – if directors or officers have not been by an incorporator – if in the hands of a receiver, trustee, or other court I fiduciary by that fiduciary)	
	AGUSTIN PICHARDO	
	(Typed or printed name of person signing)	
	PRESIDENT	
- -	(Title of person signing)	_