P1300084195

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13 HOV -6 MH 11:40 SECREDARY OF STATE ALL MIASSEE, FLORID

NOV 08 2013 R. WHITE

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATI	ON: PACKSMA	RT CORP				
DOCUMENT NUMBER:	P1300008419	5				
The enclosed Articles of Ar						
Please return all correspond	ence concerning this made	ter to the following:				
Yv	es St.Surin					
	·	Name of Contact Person				
SN	SMARTAX SERVICE LLC					
		Firm/ Company				
12	12229 PEMBROKE RD					
		Address				
PE	MBROKE PIN	ES FL 33025				
		City/ State and Zip Code				
info@:	smartaxllc.com					
_		ed for future annual report	notification)			
For further information con	cerning this matter, pleas	e call:				
Yves St.Surin		at (954	_, 374-9244			
Name of Co	ntact Person	Area Co	de & Daytime Telephone Number			
Enclosed is a check for the	following amount made p	payable to the Florida Depa	rtment of State:			
■ \$35 Filing Fee	□\$43.75 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		Amend Divisio Clifton 2661 E	Address ment Section n of Corporations Building xecutive Center Circle ssee, FL 32301			

Articles of Amendment to **Articles of Incorporation**

FILED

13 NOV -6 AM II: 40

PACKSMART CORP

SECKETARY OF STATE TALLAHASSEE, FLORIDA

P13000084195	y med with the Fiorida Dep	i. or state)	TALLAIMS.	SEE, FLORIDA
	of Corporation (if known)			
Pursuant to the provisions of section 607.1006, Florits Articles of Incorporation:	rida Statutes, this <i>Florida Pro</i>	ofit Corporation add	opts the following	g amendment(s) t
A. If amending name, enter the new name of the	corporation:			
name must be distinguishable and contain the war. "Corp.," "Inc.," or Co.," or the designation "Co.	orp," "Inc," or "Co". A pr			
word "chartered," "professional association," or t B. Enter new principal office address, if applica (Principal office address <u>MUST BE A STREET A</u>	ble:			-
C. Enter new mailing address, if applicable: (Muiling address <u>MAY BE A POST OFFICE I</u>	<u>BOX</u>)			
D. If amending the registered agent and/or registered agent and/or the new register.		ida, enter the nam	e of the	
Name of New Registered Agent				
	(Florida street address)			
New Registered Office Address:	(City)	, Florida_	(Zip Code)	
	(Спу		(Zy) Code)	
New Registered Agent's Signature, if changing F I hereby accept the appointment as registered agen		cept the obligations	of the position.	
Signature of	New Revistered Agent, if che	inging		

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: <u>X</u> Change	<u>PT</u>	John Do	<u>oe</u>	
X Remove	<u>v</u>	Mike Jo	ones .	
_ <u>X</u> Add .	<u>sv</u>	Sally Sr	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	<u>Addres</u> s
1) Change	Р		Yves C St Surin	12229 Pembroke Rd
Add				Pembroke Pines FL 33025
Remove				
2) Change				
Add				
Remove				
3) Change				
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add				
Remove				

. <u>If amer</u> Attach	nding or adding additional Articles, enter change(s) here: additional sheets, if necessary). (Be specific)
(
provis	mendment provides for an exchange, reclassification, or cancellation of issued shares, ions for implementing the amendment if not contained in the amendment itself:
	(not applicable, indicate N/A)
N/A	

The date of each amendment(s) ado	ption:	, 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 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 arch 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)	
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 11/1/2013	} 	
Signature	andice faut furce ector, 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 if fiduciary by that fiduciary)	
J	ACQUELINE SAINT SURIN	
_	(Typed or printed name of person signing)	a
P	PRESIDENT	
-	(Title of person signing)	