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(Ac	ddress)	
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(Ci	ty/State/Zip/Phone	: #)
PICK-UP	☐ WAIT	MAIL
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(Dx	ocument Number)	
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## COVER LETTER

Division of Corporations NAME OF CORPORATION: PROFESSIONAL ACCOUNTING & TAX Group, Corp. DOCUMENT NUMBER: 21400000919 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Pestano
Name of Contact Person Professional Accounting & Tax Group, Corp. 4612 N. HIATUS RS Sunrise F. 33351 tony, Pesinic & bssnusa. Com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: act Person at ( 454 ) 578-0016

Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: S35 Filing Fee □S43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy

enclosed)

Mailing Address

**TO:** Amendment Section

Amendment Section Division of Corporations P.O. Box 6327

Taliahassee, FL 32314

Street Address

Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

(Additional Copy is enclosed)

## Articles of Amendment to Articles of Incorporation of

ProfessionAL ACCOUNTING	E Tax Group Corp.
(Name of Corporation as currently filed v	
P14000000919	
(Document Number of Corpor	ration (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida</i> its Articles of Incorporation:	Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
name must be distinguishable and contain the word "corporation," "co "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A 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)	
	<b>⊊</b> ₩. <b>∞</b>

new registered agent and/or the new registered office address:

Name of New Registered Agent

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

(Florida street address)

New Registered Office Address:

(City)

Florida
(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	<u>PT</u>	John Doe	•••				
-							
X Remove	$\underline{V}$	Mike Jones					
X Add	<u>sv</u>	Sally Smith					
Type of Action (Check One)	<u>Title</u>	Name			<u>ddres</u> s		
1) Change	VPD	Peste	NO, GIOVA	NNI A_	H612 N.H SUNTISE	IANS	Qd)
Add				_	SUNTISE	<u> </u>	35/
Remove				_			
2) Change							
Add							
Remove				_		·	
3 ) Change							
Add				_	· · · · · · · · · · · · · · · · · · ·		
Remove				_			
4) Change							
Add						<del>.</del>	
Remove				_		<del></del>	
5) Change							
Add				_			
Remove				_			
6) Change							
Add							
Damara							

	ticles, enter change(s) here:
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If an amandment provider for an ex-	change, reclassification, or cancellation of issued shares,
nrovisions for implementing the ame	nange, reclassification, or cancellation or issued spares, nendment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
,	

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date <u>if applicable</u> :	
(no more that	n 90 days after amendment file date)
Note: If the date inserted in this block does not meet the application of State's records	plicable statutory filing requirements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. It by the shareholders was/were sufficient for approval.	The number of votes cast for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders t must be separately provided for each voting group entitled	
"The number of votes cast for the amendment(s) was/v	were sufficient for approval
by	<u> </u>
(voting group)	
☐ The amendment(s) was/were adopted by the board of direct action was not required.	ors without shareholder action and shareholder
☐ The amendment(s) was/were adopted by the incorporators was not required.	rithout shareholder action and shareholder
Dated 8-10-2018	<del></del>
Signature 15 Pola	- ( )
(By a director, president or other o	fficer = if directors or officers have not been
	the hands of a receiver, trustee, or other court
appointed fiduciary by that fiducia	ry)
Α .	$\circ$
	tesmonia
(Typed or print	ed name of person signing)
	res.
(Tit	le of person signing)