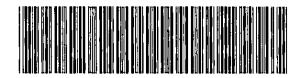
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COVER LETTER

Division of Corporations CARHOU PINANUM PORVICES, INC. NAME OF CORPORATION: DOCUMENT NUMBER: _ The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Name of Contact Person

CPADEL FINANCIAL SERVICES INC.

Firm/ Company Coofer CTY Fr 33016 City/ State and Zip Code JUBI O CHANGE NOT E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Enclosed is a check for the following amount made payable to the Florida Department of State: 🕱 \$35 Filing Fee □\$43.75 Filing Fee & ☐\$43.75 Filing Fee & ■\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed)

Maiting Address

TO: Amendment Section

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

Articles of Amendment

to

Articles of Incorporation of

CPA HELD ANDWOOD	2 JORVICE INC	:		
	ion as currently filed with)	
P1400000	149			
	ment Number of Corporation	n (if known)		
Pursuant to the provisions of section 607.1006, Floridates Articles of Incorporation:	a Statutes, this Florida Pro	fit Corporation adopts the t	following amendment(s)) te
A. If amending name, enter the new name of the co	orporation;			
TAX AND FINANCIAL ,	Holf, INC.		The new	
name must be distinguishable and contain the wor "Corp.," "Inc.," or Co.," or the designation "Corp word "chartered," "professional association," or the	o," "Inc." or "Co". A pre	ny," or "incorporated" o fessional corporation nam	r the abbreviation	
B. Enter new principal office address, if applicable				
(Principal office address <u>MUST BE A STREET ADI</u>	<u> </u>		<u></u>	
			一二 五 五	
			——————————————————————————————————————	<u>.</u>
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	OV.		一路万万	7
	(AA'		2	,
			فستق	
				
D. If amending the registered agent and/or registered new registered agent and/or the new registered		da, enter the name of the)	
Name of New Registered Agent				
***	(Florida street address)			
New Registered Office Address:		, Florida		
	(Cuy)		(Zip Code)	
New Registered Agent's Signature, if changing Res I hereby accept the appointment as registered agent.	gistered Agept: I am familiar with and acc	ept the obligations of the po	osition.	
Sign	tature of New Registered A	tent, if changing	martin and the latter	

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)	Title	Name	Address
1) Change	-,		
Add			
Remove			
2) Change			
Add			
Remove			**************************************
3) Change			<u></u>
Add			
Remove			
41 Change			
Add			·
Remove			***************************************
5) Change			
Add			
Remove			
6) Change		***************************************	
Add			
Remove			

Attach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)
If an amendment provides for an exch	hange, reclassification, or cancellation of issued shares,
(if not applicable, indicate N/A)	endment if not contained in the amendment itself:
· · · · · · · · · · · · · · · · · · ·	**************************************

The date of each amendment(s) adoption:	if other than the
late this document was signed.	
Effective date if applicable:	
(no more than 90 days afte	r amendment file date)
Note: If the date inserted in this block does not meet the applicable statu ocument's effective date on the Department of State's records.	tory 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. The number of by the shareholders was/were sufficient for approval.	f votes east for the amendment(s)
The amendment(s) was/were approved by the shareholders through voting must be separately provided for each voting group entitled to vote separately provided.	
"The number of votes east for the amendment(s) was/were sufficien	it for approval
by	n n n n n n n n n n n n n n n n n n n
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shaction was not required.	nareholder action and shareholder
The amendment(s) was/were adopted by the incorporators without sharel action was not required.	older action and shareholder
Dated	
Dated 11/17/17 Signature X D. Signature (By a director pursident or other of their - if director pursident or other - if director pursident or - i	
selected, by an incorporator – if in the hands of	
appointed fiduciary by that fiduciary))
My South R. (Typed or printed name of pe	
	erson signing)
Prosugnit	

(Title of person signing)