## P14000051330

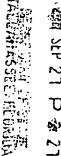
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## **COVER LETTER**

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Tallahassee, FL 32301

**TO:** Amendment Section Division of Corporations

NAME OF CORPOR	ATION: CHRISTIAN MAI	LLARDI, INC.	
DOCUMENT NUMB	ER: P14000051330		
	f Amendment and fee are su	bmitted for filing.	
Please return all corresp	oondence concerning this ma	tter to the following:	
(	CHRISTIAN MALLARDI		
-		Name of Contact Person	1
-		Firm/ Company	
:	250 PALM PARK CIRCLE	#200	
-		Address	
1	LONGWOOD, FL 32779		
_	· · · · · · · · · · · · · · · · · · ·	City/ State and Zip Cod	e
CHRIS	STIANMALLARDI@OUTI	LOOK.COM	
	E-mail address: (to be us	sed for future annual report	notification)
For further information	concerning this matter, pleas	se call:	
CHRISTIAN MALLA	RDI	at (	212-0120
Name of Contact Person		at (407 ) 212-0120  Area Code & Daytime Telephone Number	
Enclosed is a check for	the following amount made	payable to the Florida Depa	urtment of State:
S35 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)
Amer Divis P.O.	ing Address idment Section ion of Corporations Box 6327 hassee, FL 32314	Amend Divisio Clifton	Address  ment Section  on of Corporations  Building  executive Center Circle

## Articles of Amendment to Articles of Incorporation of

CHRISTIAN MALLARDI, INC.			
(Name of Corporation as curren	tly filed with the Florida Dept. of State)		
P14000051330			
(Document Number	of Corporation (if known)		
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	s Florida Profit Corporation adopts the following amendment(s) to		
A. If amending name, enter the new name of the corporation:			
EMPIRE ACCOUNTING, INC.	The new		
name must be distinguishable and contain the word "corporati "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation name must contain the		
B. Enter new principal office address, if applicable:	250 PALM PARK CIRCLE #200		
(Principal office address <u>MUST BE A STREET ADDRESS</u> )	LONGWOOD, FL 32779		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	250 PALM PARK CIRCLE #200		
	LONGWOOD, FL 32779		
D. If amending the registered agent and/or registered office adenew registered agent and/or the new registered office address			
	treet address)		
	irect dadress)		
New Registered Office Address:	, Florida, City) (Zip Code)		
New Registered Agent's Signature, if changing Registered Agen I hereby accept the appointment as registered agent. I am familian	it: 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	<u>v</u>	Mike Jones	
X Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) Change			
Add			
Remove			
2) Change			
Add			
Remove			
3 ) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change		_	
Add			
Remove			
6) Change			
Add			
Remove			<u> </u>

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

The date of each amendment(s) a date this document was signed.	adoption:	, if other than the
Effective date <u>if applicable</u> :		
лиссия сам <u>и аружающ</u> .	(no more than 90 days after amendment file date)	)
Note: If the date inserted in this document's effective date on the D	block does not meet the applicable statutory filing requirement department of State's records.	s, this date will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
■ The amendment(s) was/were ac by the shareholders was/were s	lopted by the shareholders. The number of votes cast for the ame ufficient for approval.	endment(s)
	oproved by the shareholders through voting groups. The followin or each voting group entitled to vote separately on the amendmen	
"The number of votes cas	t for the amendment(s) was/were sufficient for approval	
by	(voting group)	
The amendment(s) was/were ac action was not required.	lopted by the board of directors without shareholder action and sl	hareholder
The amendment(s) was/were ac action was not required.	lopted by the incorporators without shareholder action and shareh	nolder
09/25/201 Dated	7	
Signature <u>(</u> By a	director, president or other officer – if directors or officers have	not been
	ed, by an incorporator – if in the hands of a receiver, trustee, or onted fiduciary by that fiduciary)	other court
	CHRISTIAN MALLARDI	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	