P14000054357

(F	Requestor's Name)
(A	Address)
(A	Address)
(C	City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(E	Business Entity Name)
(C	Document Number)
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SECRETARY OF STATE

THE SECRETARY OF CHIEF STATE

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COVER LETTER

Division of Corpo	rations		
NAME OF CORPOR	ATION: Bre 8	Lexx TAX	Services Inc
DOCUMENT NUMB	ER:	40000563	35 7
The enclosed Articles of	of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this ma	tter to the following:	
_	Aubra	Name of Contact Person	er
	Bro &	Name of Contact Person	x Services Inc
-	Die 4	Firm/ Company	F DETVICES LIPIC
	1951 NE	6 # St	
	Bounton	Beh F	33435
•	10 - 91.751	City/ State and Zip Code	e
			ceagnail.com
For further information	concerning this matter, pleas	se call:	
	a Tucker	at (954	504 - 0608 de & Daytime Telephone Number
Name o	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:
□ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address		Street	Address

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

TO: Amendment Section

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

Articles of Amendment to Articles of Incorporation of

Bre & Lexx TAX Servius Inc	_
(Name of Corporation as currently filed with the Florida Dept. of State)	
P14000056357	
(Document Number of Corporation (if known)	_
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following the Articles of Incorporation:	ng amendment(s)
A. If amending name, enter the new name of the corporation: Hubrena's Tax Service Inc	The new
name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the a "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Co". A professional corporation name must word "chartered," "professional association," or the abbreviation "P.A."	abbreviation
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Blag # B Boynton Beach, FL 3	
Boynton Beach, FL 3	<u>.</u> 13435
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 address:	_
Name of New Registered Agent	A ROAL
(Florida street address)	
New Registered Office Address:, Florida	21.14 10.00
	: 38 38
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 Do	<u>oe</u>			
X Remove	V	Mike Jo	nes			
X Add	<u>sv</u>	Sally Sn				
Type of Action (Check One)	<u>Title</u>		<u>Name</u>			<u>Addres</u> s
1) Change		_		 		
Add						
Remove						
2) Change		_		 		
Add						
Remove						
3) Change					•	
Remove						
4) Change				•		
Add		_	1		•	
Remove						
5) Change						
Add						
Remove						
6) Change				 		
Add				. —		
Remove						

Anach	additional	sheets, if ned	cessary).	(Be specific	')				
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f an a	mendmen	t provides fo	r an excha	inge, reclass	sification, o	r_cancellati	on of issued	shares,	
provi	isions for it if not applie	<mark>mplementing</mark> cable, indica	z the amen te N/₄()	dment if no	t contained	in the ame	<u>ndment itsel</u>	<u>f:</u>	
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The date of each amendment(s) adoption:	, if other than th
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 adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by"	
(voting group)	
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated	
Signature Jukan C	
(By a director, 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	
appointed fiduciary by that fiduciary)	
Aubrena Tucker	
(Typed or printed name of person signing)	
$\checkmark \rho$	
(Title of person signing)	