

P14000069308

(Requestor's Name)

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(Document Number)

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SECRETARY OF STATE
DIVISION OF CONSUMER AFFAIRS
15 FEB 26 AM 10:50

C.L.
3-875

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Accounting & Tax Wise Inc

DOCUMENT NUMBER: P14000069308

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Sukhvinder S Rai

Name of Contact Person

Firm/ Company

5457 Sandhurst Circle South

Address

Lake Worth, FL 33463

City/ State and Zip Code

ssrai57@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sukhvinder S Rai

Name of Contact Person

at (561) 964-8678

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department 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

Street Address

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 18, 2015

SUKHVINDER S RAI
5457 SANDHURST CIRCLE SOUTH
LAKE WORTH, FL 33463 US

SUBJECT: ACCOUNTING & TAX WISE INC
Ref. Number: P14000069308

We have received your document for ACCOUNTING & TAX WISE INC and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Entities may file using only the entity's name. Please delete any reference to the "doing business as name" in your document. If you wish to register your fictitious name, you may do so by filing an application and submitting the appropriate fees to this office.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Carolyn Lewis
Regulatory Specialist II

Letter Number: 115A00003455

Articles of Amendment
to
Articles of Incorporation
of

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

15 FEB 26 AM 10:50

ACCOUNTING & TAX WISE INC.

(Name of Corporation as currently filed with the Florida Dept. of State)

P14000069308

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

WELLINGTON HOSPITAL SUBWAY INC.

The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.". A professional corporation name must contain the 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)

WELLINGTON HOSPITAL SUBWAY.

10101 W. FOREST HILL BLVD.

WELLINGTON, FL 33414

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

WELLINGTON HOSPITAL SUBWAY

10101 W. FOREST HILL BLVD.

WELLINGTON, FL 33414

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 N/A

(Florida street address)

New Registered Office Address: _____, Florida _____
(City) (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 PT John Doe

X Remove V Mike Jones

X Add SV Sally Smith

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input type="checkbox"/> Change	<u>P</u>	<u>RAJ PAL KAUR</u>	<u>5457 SANDHURST CIR. S.</u>
<input type="checkbox"/> Add			<u>LAKE WORTH</u>
<input checked="" type="checkbox"/> Remove			<u>FLORIDA 33463</u>
2) <input type="checkbox"/> Change	<u>P</u>	<u>BALJIT RAI</u>	<u>5457 SANDHURST CIR. S.</u>
<input checked="" type="checkbox"/> Add			<u>LAKE WORTH</u>
<input type="checkbox"/> Remove			<u>FLORIDA 33463</u>
3) <input type="checkbox"/> Change	<u> </u>	<u> </u>	<u> </u>
<input type="checkbox"/> Add			<u> </u>
<input type="checkbox"/> Remove			<u> </u>
4) <input type="checkbox"/> Change	<u> </u>	<u> </u>	<u> </u>
<input type="checkbox"/> Add			<u> </u>
<input type="checkbox"/> Remove			<u> </u>
5) <input type="checkbox"/> Change	<u> </u>	<u> </u>	<u> </u>
<input type="checkbox"/> Add			<u> </u>
<input type="checkbox"/> Remove			<u> </u>
6) <input type="checkbox"/> Change	<u> </u>	<u> </u>	<u> </u>
<input type="checkbox"/> Add			<u> </u>
<input type="checkbox"/> Remove			<u> </u>

E. If amending or adding additional Articles, enter change(s) here:

(Attach additional sheets, if necessary). (Be specific)

PURPOSE OF BUSINESS: FOR ANY AND LAWFUL BUSINESS

F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:

(if not applicable, indicate N/A)

N/A

The date of each amendment(s) adoption: 02/11/2015
date this document was signed.

15 FEB 26 AM 10:50

, if other than the

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 02/11/2015

Signature

Sukhinder S Rai

(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)

SUKHVINDER S RAI

(Typed or printed name of person signing)

CEO

(Title of person signing)