Division of Corporations
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H140002663673ABC2

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To:

Division of Corporations

Fax Number

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From:

Account Name : SMALL BUSINESS RESOURCES USA, INC.

Account Number : 120040000173 Phone : (407)298-4646 Fax Number : (407)297-0588

10 14 M 7:4

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COR AMND/RESTATE/CORRECT OR O/D RESIGN SHAWN DUERR, CPA, INC.

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Electronic Filing Menu

Corporate Filing Menu

Help

FAX AUDIT # 1/40002663673

COVER LETTER

TO: Amendment Sect Division of Corp			
NAME OF CORPOI	Shawn Deer, P14000079	uerr, CPA, In 518	c
The enclosed Articles	of Amendment and fee are s	ubmitted for filing.	
Please return all corre	pondence concerning this ma	user to the following:	
	James K. Due	rr, CPA	
	 	Name of Contact Perso	on
	Small Busines	s Resources	
	; – – –	Firm/ Company	
	1601 Park Cer	nter Drive, Ste	e. 6A
	,	Address	
	Orlando, FL 32	2835	
		City/ State and Zip Coa	ie
Jim	n D@sbrorlando	o.com	
 _	E-mail address: (to be u		t notification)
For further information	concerning this matter, plea	ce ca))·	
	contracting the secret, bear	JU VIII.	
James K. D	uerr, CPA	_{st/} 407	298-4646
Name o	f Contact Person	Area Co	ode & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Dep	artment of State:
□ \$35 Filing Fee	■\$43.75 Filing Fee & Certificate of Status	Ostal 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 lon of Corporations Box 6327 hassee, FL 32314	Ameno Divisio Cliftor	Address Iment Section on of Corporations Building Executive Center Circle

Tallahassee, FL 32301

CAX AYOTH H14000266367 3FILED

Articles of Amendment to

14 NOV 14 AM 10: 17

	TO		70. IC. 1
	Articles of Incorpo	ration	THE PARTY OF LINE
Shawn Duerr, CPA, Inc.			11年11年11年11日
(Name of Corporation as currently	y filed with the Florid	Dent. of State)	
P14000079518			
(Document Number	of Corporation (if know	wn)	
Pursuant to the provisions of section 607.1006, Florits Articles of Incorporation:	rida Statutes, this <i>Flori</i> d	la Profit Corporation ad	opts the following amendment(s) to
A. If amending name, enter the new name of the SPD Tax Services, Inc.	corporation;		The new
name must be distinguishable and contain the war "Corp.," "Inc.," or Co.," or the designation "Coword "chartered," "professional association," or t	orp," "Inc," or "Co".	A professional corpora	rated" or the abbreviation
B. Enter new principal office address, if applica (Principal office address MUST BE A STREET A			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE I	<u></u>		
D. If amending the registered agent and/or registered agent and/or the new registered		Florida, enter the nam	e of the
Name of New Registered Agent			
	(Florida street add	(regs)	
New Registered Office Address:	(City)	, Florida_	(Zip Code)
New Registered Agent's Signature, if changing R I hereby accept the appointment as registered agent		d accept the obligations	of the position.

Page 1 of 4

Signature of New Registered Agent, if changing

FAX AUDIT # H14000 266367 3

Example:

FAX AUDIT # 4140002663673

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	PT	John Do	<u>DE</u>	
X Remove	<u>v</u>	<u>Mike Jo</u>	nes	
X Add	<u>s</u> y	Sally Sn	<u>uith</u>	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	<u>Addres</u> s
1) Change		-		
Add				
2) Change		-		
Add				
Remove 3) Change		.		
Add				
Remove				
4) Change		_		
Add Remove				
5) Change		_		
Add				
Remove				
6) Change		_		
Add Remove				

Page 2 of 4

FAX AWIT # H140002663673

ach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)
,	
·	
	
	
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<u> </u>	
•	
	
amendment provides for an exch:	ange, reclassification, or cancellation of issued shares, ndment if not contained in the amendment itself;
(if not applicable, indicate N/A)	matere it not contained in the amendment states.
·	

FAX AUDIT # H140002663673

The date of each amendment	·	, if other than the
are this document was signed.	Immediately	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/word by the shareholders was/we	e adopted by the shareholders. The number of votes cast for the amendment(s) re sufficient for approval.	
	e approved by the shareholders through voting groups. The following statement d 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 action was not required.	e adopted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were action was not required.	e adopted by the incorporators without shareholder action and shareholder	
Dated Nove	ember 14, 2014	
Signature	Shawn Drury	
(B ₃ sel	y a director, president or other officer — if directors or officers have not been ected, by an incorporator — if in the hands of a receiver, trustee, or other court pointed fiduciary by that fiduciary)	_
	Shawn Duerr	
	(Typed or printed name of person signing)	-
	PSTD	
	(Title of person signing)	

FAX AUDIT # 4/40002663673