## P14000085662

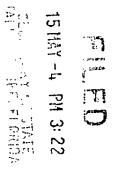
(	Requestor's Name)
. (	Address)
(	Address)
	City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
	Business Entity Name)
	Document Number)
Certified Copies	Certificates of Status
Special Instructions	to Filing Officer:
!	

Office Use Only



800272342468

05/04/15--01032--004 \*\*35.00



(PM) 512-15

## **COVER LETTER**

Division of Corpo			17
NAME OF CORPOR	RATION: Agency Audit Serv	rices, Inc.	امد نید: ۱۳۶۶ ۱۳۶۶
DOCUMENT NUMB			13 cm
	of Amendment and fee are su	bmitted for filing.	factor and areas
Please return all corres	spondence concerning this mat	tter to the following:	
	Pete Kratzenberg		
		Name of Contact Persor	1
		Firm/ Company	
	P.O. Box 1061		
		Address	
	Palm Harbor, FL 34682	0': 10: 17' 0 1	
		City/ State and Zip Code	2
petek	6@hotmail.com		
	E-mail address: (to be us	sed for future annual report	notification)
For further informatio	n concerning this matter, pleas	se call:	
Pete Kratzenberg		at ( 727	480-5626
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	or 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)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Am Div P.O	endment Section ision of Corporations . Box 6327 lahassee, FL 32314	Ameno Divisio Clifton 2661 E	Address Iment Section on of Corporations Building executive Center Circle assee, FL 32301

## Articles of Amendment to Articles of Incorporation of

	ď	of .	-0
Agency Audit Services, Inc.			7 7 Y
(Name o	f Corporation as curren	tly filed with the Florida Dept. of State)	22 0
P14000085662			当然や
	(Document Number	of Corporation (if known)	an ry
Pursuant to the provisions of section 607. Its Articles of Incorporation:	1006, Florida Statutes, thi	s Florida Profit Corporation adopts the follo	wing amendment(s)
A. If amending name, enter the new na	me of the corporation:		
CFO Consulting, Inc.			The new
name must be distinguishable and cont "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associat	ation "Corp," "Inc," or	ion," "company," or "incorporated" or th "Co". A professional corporation name m "P.A."	e abbreviation ust contain the
3. Enter new principal office address, i	f annlicable:	2153 Parrot Fish Drive	
Principal office address <u>MUST BE A ST</u>		Holiday, FL 34691	
C. Enter new mailing address, if applie (Mailing address MAY BE A POST C		P.O. Box 1061	
	maning dianess <u>may be at 1 to 1 of 1 areas</u>		_
D. If amending the registered agent and new registered agent and/or the new			
Name of New Registered Agent	N/A		
	(Florida :	street address)	
Non Paristanad Office Address	N/A	, Florida	
New Registered Office Address:		<del></del>	Zip Code)
New Registered Agent's Signature, if ch	nanging Registered Age	nt·	

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)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change		N/A	
Remove			
2) Change			
Add			
Remove			
3 ) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

<ul> <li>If amending or adding additional Arti (Attach additional sheets, if necessary).</li> </ul>	(Be specific)
N/A	
. If an amendment provides for an exch	nange, reclassification, or cancellation of issued shares,
provisions for implementing the ame (if not applicable, indicate N/A)	ndment if not contained in the amendment itself:
N/A	
<del>//</del>	A CONTRACTOR OF THE PROPERTY O

The date of each amendment(s) adoption:, if other than the date this document was signed.
Effective date if applicable:
(no more than 90 days after amendment file date)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
Adoption of Amendment(s) (CHECK ONE)
The amendment(s) was/were adopted by the shareholders. The number of votes east 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)
(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.
04/30/2015
Dated
(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)
Pete Kratzenberg
(Typed or printed name of person signing)
President
(Title of person signing)