## PIH000098215

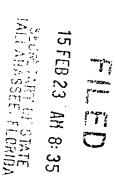
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## **COVER LETTER**

TO: Amendment Section Division of Corporations TERRIE GILES PA NAME OF CORPORATION: DOCUMENT NUMBER: P14000098215 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: **TERESITA GILES** Name of Contact Person TERRIE GILES PA Firm/ Company 484 GOLDEN MOSS LOOP Address OCOEE, FL 34761 City/ State and Zip Code ACCTEXPRESSCORP@GMAIL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: 407 694-5383

Area Code & Daytime Telephone Number TERESITA GILES Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee **□\$43.75** Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy

**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

is enclosed)

•	Articles of Ar to Articles of Inco		15 F	÷व्यक्ष्णित्
	of			**************************************
TERRIE GILES PA			_(\$\frac{1}{2}\)	у - му <del>чана г</del> 1 1
	s currently filed with the Fl	orida Dept. of State)		<b>!"T)</b>
P14000098215			-1 j	
(Documer	nt Number of Corporation (if	known)	- [18] 8: 3	- <del>-</del>
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this I	Florida Profit Corporation adopts the following		
A. If amending name, enter the new na	ame of the corporation:			
TERESITA A. GILES PA	ı		The new	
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	ation "Corp," "Inc," or "C	n," "company," or "incorporated" or the o Co". A professional corporation name muss P.A."	abbreviation	
R Enter new principal office address	if annlicable.	484 GOLDEN MOSS LOOI	P	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		OCOEE, FL 34761	_	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		SAME AS ABOVE	- - -	
D. If amending the registered agent an new registered agent and/or the nev	v registered office address:		_	
Name of New Registered Agent	TAX AND NOTAR	RY SERVICES INC		
	600 N THACKER	RAVE. STE. C-19		
	(Florida stree	et address)		
New Registered Office Address:	KISSIMMEE J. Florida 34741			
Ten hogistered Office Madress.	(City)	(Zip Code)	<del>-</del>	
New Registered Agent's Signature, if ch I hereby accept the appointment as registe	nanging Registered Agent: ered agent. I am familiar wi	ith and accept the obligations of the position.		
	Julio Horns	ender		
Sig	mature of New Registered Ag	endez gent, ijChanging		

## 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	DΤ	John Doo	
	<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	N/A
Add			
Remove			
2) Change			
Add			
Remove			
3) Change	-		
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			-
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)
PLEASE CHANGE THE NAME OF THE CORPORATION TO
TERESITA A. GILES PA
· · · · · · · · · · · · · · · · · · ·
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) ad	option: FEBRUARY 15, 2015	, if other than the
date this document was signed.		
Effective date if applicable:	FEBRUARY 15, 2015	
	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopty the shareholders was/were suf	oted by the shareholders. The number of votes cast for the amendment(s) ficient for approval.	
	roved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	
	or the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
The amendment(s) was/were adopaction was not required.	oted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were adoption was not required.	oted by the incorporators without shareholder action and shareholder	
Dated_FEBRUA	RY 15, 2015	
Signature	Seculi a. Silco	
(By a dir selected	rector, president or other officer – if directors or officers have not been by an incorporator – if in the hands of a receiver, trustee, or other court diduciary by that fiduciary)	
-	TERESITA GILES	
_	(Typed or printed name of person signing)	<del></del>
<u>!</u>	PRESIDENT	
_	(Title of person signing)	