

## Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H160001254903)))



H160001254903ABC

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

Fax Number

: (850)617-6380

From:

Account Name : INDEPENDENT TAX SERVICE

Account Number : I20020000072 Phone : (305)887-0003

: (305)887-0001 : (305)884-6444 MAY 23 2016

I ALBRITTON

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: INDEPENDENT TALSERVICES @ Hotmoil Com

## COR AMND/RESTATE/CORRECT OR O/D RESIGN INDEPENDENT TAX PLUS CORP

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing Menu

Help

From:

05/20/2016 12:32

#608 P.003/007

H160001254903

## **COVER LETTER**

TO: Amendment Section Division of Corporations	·	
NAME OF CORPORATION: independent tax	plus Corp	
DOCUMENT NUMBER: P15000040870		<del></del>
The enclosed Articles of Amendment and fee are	submitted for filing.	
Please return all correspondence concerning this r	matter to the following:	
Marco Olarte		
	Name of Contact Person	
	Firm/ Company	<del></del>
1183 W 29th Street		
Hisland Florida 22012	Address	
Hialeah, Florida 33012	Cin/State and Zin Code	<del></del>
	City/ State and Zip Code	
macro@itstaxmiami.com		•
E-mail address: (to be	used for future annual report notification)	
For further information concerning this matter, ple	ease call:	
Marco Olarte	at (305 ) 887-0001	
Name of Contact Person	Area Code & Daytime Telephone	e Number
Enclosed is a check for the following amount mad	le payable to the Florida Department of State:	
\$35 Filing Fee & Certificate of Status		
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	

4160001254903

#160001254903

## Articles of Amendment to Articles of Incorporation of

Independent Tax Plus Corp			
(Name of Corporati	ion as currently filed with the	Florida Dept. of State)	
P15000040870			
(Docur	ment Number of Corporation (if	known)	
Pursuant to the provisions of section 607.1006, Floridits Articles of Incorporation:	a Statutes, this Floridu Profit C	Corporation adopts the follow	wing amendment(s)
A. If amending name, enter the new name of the co	orporation:		
Independent Tax Service Plus Corp			The new
name must be distinguishable and contain the wor "Corp.," "Inc.," or Co.," or the designation "Corp word "chartered," "professional association," or the	o," "Inc," or "Co". A professi	or "Incorporated" or the ional corporation name mu	abbreviation est contain the
B. Enter new principal office address, if applicable			· · · · · · · · · · · · · · · · · · ·
(Principal office address <u>MUST BE A STREET ADL</u>	DRESS)		-3
	1 11 12 212	***	
	1		
C. Enter new mailing address, if applicable:		•	h = 72 T
(Mailing address MAY BE A POST OFFICE BO	<u> </u>	·····	<del>'                                    </del>
			ي ي
			<u></u>
<ol> <li>If amending the registered agent and/or register new registered agent and/or the new registered</li> </ol>		nter the name of the	***
new registered agent and/or the new registered	VINCE AUDIESS.		
Name of New Registered Agent		·····	
·			
	(Florida street address)		
New Registered Office Address:		, Florida	
	(City)	(Zi	ip Code)
New Registered Agent's Signature, if changing Reg	victorad Arant:		
hereby accept the appointment as registered agent.		he obligations of the position	7.
	· "	•	
		_	
	C)7 D 11		<del></del>
Signa	ature of New Registered Agent, a	if changing	

#160001254903

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	<u>PT</u>	John Do	<u>×</u>	
X Remove	<u>v</u>	Mike Jo	ones	
X Add	<u>\$V</u>	Sally Sr	<u>nith</u>	
Type of Action (Check One)	Title		Name	<u>Addres</u> s
1) Change	<del></del>	_		
Add				
Remove				
2) Change				
Add				
Кетюче				***************************************
3) Change		***	***************************************	
Add				•
Remove				<del></del>
4) Change				
Add		_		
Remove				
5} Change				
	<del>1-11 - 10 - 11 - 1</del>			
Add				
Remove				-
Change		_		4
Add				
Remove				

C	٠	Λ	m	٠	

05/20/2016 12:33

#608 P.006/007

#160001254903

Attach additional sheets, if necessary).	cles, enter change(s) here: (Be specific)
	A-11-2-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1
······································	
an amendment provides for an excha	ange, reclassification, or cancellation of issued shares, adment if not contained in the amendment itself:
(if not applicable, indicate N/A)	ament it not contained in the amenument itself:

		#160001254903
The date of each amendment(s) addet this document was signed.	05-20-2016 doption:	, if other than the
Effective date if applicable:	(no more than 90	0 days after amendment file date)
Note: If the date inserted in this be document's effective date on the De	plock does not meet the application	able statutory filing requirements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were add by the shareholders was/were su		number of votes cast for the amendment(s)
		ugh voting groups. The following statement vote separately on the amendment(s):
"The number of votes cast	for the amendment(s) was/were	sufficient for approval
by	(voting group)	<b>&gt;&gt;</b>
	(voting group)	
■ The amendment(s) was/were ado action was not required.	pted by the board of directors v	without shareholder action and shareholder
The amendment(s) was/were ado action was not required.	pted by the incorporators witho	out shareholder action and shareholder
05-20-2016 Dated		
(By a di selected appoint		er – if directors or officers have not been hands of a receiver, trustee, or other court
· •	(Typed or printed na	ame of person signing)
	President/Director	

(Title of person signing)