## PP00013731

(Red	questor's Name)
(Add	dress)
(Add	dress)
(City	y/State/Zip/Phone #)
PICK-UP	☐ WAIT ☐ MAIL
(Bu:	siness Entity Name)
(Do	cument Number)
Certified Copies	Certificates of Status
Special Instructions to I	Filing Officer:
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	COVER LETTER
O: Amendment Section Division of Corporations  NAME OF CORPORATION:  BEST CHOICE TAX S	SOLUTIONS INC
D15000072791	
DOCUMENT NUMBER: P15000073781	
The enclosed Articles of Amendment and fee are submit	1 1111111111
Please return all correspondence concerning this matter to	o the following:
JENNIFER JONES	
N	ame of Contact Person
BEST CHOICE TAX SOLUTION	NS INC I WILL
	<u> </u>
101 NW 15TH PLACE	Firm/Company
POMPANO BEACH FL 33060	Address
C	ity/ State and Zip Code
Jennifer@tiipservices.com	
E-mail address: (to be used for	or future annual report notification)
For further information concerning this matter, please cal	n:
JENNIFER JONES	954 586-4351
Name of Contact Person	at ()
Enclosed is a check for the following amount made payal	ble to the Florida Department of State:
Certificate of Status	\$43.75 Filing Fee & S52.50 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 266   Executive Center Circle Tallahassee, FL 32301



BEST CHOICE TAX SOLUTIONS INC	
(Name of Corporation as curren	tlyfiled with the Florida Dept. of State)
P15000073781	
	of Corporation (if known)
Pursuant to the provisions of section 607.1006. Florida Statutes, thi its Articles of Incorporation:	is Flörida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
name must be distinguishable and contain the word "cornerate	ion by "company" or "incorporated" or the abbreviation
name must be distinguishable and contain the word "corporate "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	
(Principal office address <u>MUST BE A STREET ADDRESS</u> )	
C. Enter new mailing address, if applicable:	
(Mailing address <u>MAY BE A POST OFFICE BOX</u> )	
	dress in Florida, enter the name of the
D. If amending the registered agent and/or registered office ad	dress in Florida, enter the name of the
new registered agent and/or the new registered office addre	ss:
Name of New Registered Agent	
(Florida s	streei padrėss)
New Registered Office Address:	Florida
New Registered Agent's Signature, if changing Registered Agent the appointment as registered agent. Lam familia	(City) (Zip Code)
I hereby accept the appointment as registered agent. I am familian	
Signature of New	Registered Agent, if changing

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address of each Officer Attach additional sheets, Please note the officer/dit	and/or D if necess rector titl	Director being added: Sary) le by the first letter of the office ti	itle	director being removed and title, name, and
Executive Officer; CFO held. President, Treasure Changes should be noted	= Chief I r, Directo in the fo wes the c	Financial Officer. If an officer/a or would be PTD. Ilowing manner. Currently John orporation, Sally Smith is named	director holds more Doe is listed as the	Trustee; C = Chairman or Clerk; CEO = Chief than one title, list the first letter of each office PST and Mike Jones is listed as the V. There is should be noted as John Doe, PT as a Change,
X Change	<u>PT</u>	John Doe		
X Remove	<u>V</u>	Mike Jones		
<u>X</u> Add	<u>\$V</u>	Sally Smith		
Type of Action Check One)	<u>Title</u>	<u>Name</u>		<u>Addres</u> s
1) Change	MGR	TIIP SERVICES INC		101 NW 15TH PLACE
Add				POMPANO BEACH FL 33060
X Remove				
2) X Change	VP	JENNIFER JONES		2273 SW 15th ST APT 161
Add				DEERFIELD BEACH FL 33442
Remove		ı		
3) Change				
Add				<del></del>
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove			1 1	
5) Change				
Add				
Remove				

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E. If amending or adding additional Articles, enter chang	e(s) here:
(Attach additional sheets, if necessary). (Be specific)	
	1 1 11 1
F. If an amendment provides for an exchange, reclassifica provisions for implementing the amendment if not cor	ation, or capcellation of issued shares,
provisions for implementing the amendment if not cor (if not applicable, indicate N/A)	ntained in the amendment itself:
у посирунсионе, такие полу	
<del> </del>	

The date of each amendment(s) adoption:
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 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
Signature
(By a director, president or other officer in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
JENNIFER JONES
(Typed or printed name of person signing)
VICE PRESIDENT
(Title of person signing)  Page 4 of 4