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OCT 25 2017 S. YOUNG

## COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: DAVY & ASSOC	IATES ACCOUNTING A	ND TAX, INC.			
DOCUMENT NUMB						
	of Amendment and fee are so	domitted for filing.				
Please return all corres	pondence concerning this ma	tter to the following:				
		ĐOLI A DAVY				
	Name of Contact Person					
	DAVY'S ACCOUNTING SERVICES, INC.					
	Firm/ Company					
	5321 IST AVE S					
	Address					
	ST PETERSBURG, FL 33707					
		City/ State and Zip Cod	u			
dolita	davysaccounting.com					
		sed for future annual report	notification)			
		· · · · · · · · · · · · · · · · · · ·				
For further information	concerning this matter, plea	se call:				
DOLLA DAVY		727 at (	520-1980 de & Daytime Telephone Number			
Name o	of Contact Person	Area Co	de & Daytime Telephone Number			
Enclosed is a check for	the following amount made	payable to the Florida Depa	ortment of State:			
S35 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)			
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, F1, 32344		Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle				

Tallahassee, Fl. 32301

## Articles of Amendment

to

## Articles of Incorporation

of

## DAVY & ASSOCIATES ACCOUNTING AND TAX, INC.

WAY LEA ABSOCIATES ACCOR	THE TAX INC.
(Name of Corporation as currently	filed with the Florida Dept. of State)
P1600000	8210
(Document Number of	Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Statutes, this a its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation "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 MAY BE A POST OFFICE BOX)	OCT 23 PH 3: 5
D. If amending the registered agent and/or registered office address:	
Name of New Registered Agent	
tFlorida stre	ret address)
New Registered Office Address:	, Florida
•	(Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar w	ith and accept the obligations of the position.
Signature of New Ro	egistered 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, (finecessary)

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 Doc		
X Remove	<u>V</u>	Mike Jones		
X Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s	
1) Change	P	DOLI A DAVY	3172 54TH ST N	
X Add			ST PETERSBURG, FL 33710	
Remove				
2) X Change	S	DALE A DAVY	3172 54TH ST N	
Add			ST PETERSBURG, FL 33710	
Remove				
3.) Change	·····			
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
6) Change	<del></del>			
Add				
Remove				

E. If amending or adding additional Arti (Attach additional sheets, if necessary).	<u>cles, enter change(s) here:</u> (Be specific)
N/A	
F. If an amendment provides for an exch	nange, reclassification, or cancellation of issued shares,
provisions for implementing the ame	ndment if not contained in the amendment itself:
(if not applicable, indicate N/A) N/A	
-	

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)	
<b>Note:</b> If the date inserted in this block does not meet the applicable statutory filing requirements, this document's effective date on the Department of State's records.	date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
■ The amendment(s) was/were adopted by the shareholders. The number of votes east for the amendment by the shareholders was/were sufficient for approval.	t(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following states must be separately provided for each voting group entitled to vote separately on the amendment(s):	ગલા
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and sharehol action was not required.	dei
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
10/12/2017 Dated	
and the Dans	
(By a director, president or other officer – if directors or officers have not bee selected, by an incorporator – if in the hands of a receiver, trustee, or other co-appointed fiduciary by that fiduciary)	
DALE A DAVY	
(Typed or printed name of person signing)	<del></del>
SECRETARY	
(Title of person signing)	