P140000 55280

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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORAT	rion: QUALITY ACCOU	JNTING, INC.		
DOCUMENT NUMBER	P16000055280			
The enclosed Articles of	Amendment and fee are sub	omitted for filing.		
Please return all correspon	ndence concerning this mat	ter to the following:		
LI	UDMILA MELNICHUK			
		Name of Contact Person	1	
	Firm/ Company			
22	605 SW 66TH AVE, UNIT	305		
_		Address		
вс	OCA RATON, FL 33428			
_		City/ State and Zip Code		
MILAY:	2002@GMAIL.COM			
	*	ed for future annual report	notification)	
For further information co	oncerning this matter, pleas	e call:		
LIUDMILA MELNICHU	JK 	at (_) 758-3441	
Name of Contact Person Area Code & Daytime Telep		de & Daytime Telephone Number		
Enclosed is a check for th	e following amount made p	payable to the Florida Depa	rtment 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)	
Amend Division P.O. Bo	2 Address ment Section n of Corporations ox 6327 ssee, FL 32314	Amend Divisio Clifton 2661 E	Address ment Section n of Corporations Building xecutive Center Circle ssee, FL 32301	

Articles of Amendment to Articles of Incorporation of

FILED

QUALITY ACCOUNTING, INC.

2018 NOV 26 AM 11: 37

(Name of Corporation as currently	filed with the Florida Dept. of State) ECR - WARY OF STATE TALL AHASSEE, FL
P16000055280	IALLAHASSEE, FL
(Document Number of	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>F</i> its Articles of Incorporation:	Torida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
CPA TAX SERVICES GROUP, INC.	The new
name must be distinguishable and contain the word "corporation, "Corp" "Inc.," or Co.," or the designation "Corp," "Inc," or "Cword "chartered," "professional association," or the abbreviation "F	o". 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>)	
D. If amending the registered agent and/or registered office addre	ess in Florida, enter the name of the
new registered agent and/or the new registered office address:	
Name of New Registered Agent	
(Florida stre	et address)
New Registered Office Address:	, Florida
(1)	City) (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 Re	gistered 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: XChange	<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>	Name	<u>Addres</u> s
1) Change		· · · · · · · · · · · · · · · · · · ·	
Add			
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change		_ 	
Add			
Remove			
5) Change		_	
Add			
Remove			
6) Change			
Add			
Remove			

Attach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)
 -	
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-	
	•
lf 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)	

The date of each amendment(s) ad date this document was signed.	option:	, if other than the
•		
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bl document's effective date on the Dep	ock does not meet the applicable statutory filing requirements partment of State's records.	, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
■ The amendment(s) was/were adop by the shareholders was/were suf	oted by the shareholders. The number of votes east for the amer ficient for approval.	ndment(s)
	oved by the shareholders through voting groups. The following each voting group entitled to vote separately on the amendment	
"The number of votes cast f	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 sh	a reholder
☐ The amendment(s) was/were adopaction was not required.	oted by the incorporators without shareholder action and shareholder	older
Dated <u>11 /</u> Signature <u>V</u>	19/2018	
Signature $ u$	But-	
(By a di selected	rector, president or other officer – if directors or officers have n by an incorporator – if in the hands of a receiver, trustee, or of ediauciary by that fiduciary)	
	LIUDMILA MELNICHUK	
-	(Typed or printed name of person signing)	
	PRESIDENT	
•	(Title of person signing)	