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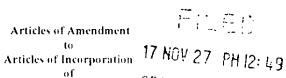
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: E & A ACCOUNT	TING & TAX SERVICES.	INC
DOCUMENT NUME			
	of Amendment and fee are su	domitted for filing.	
Please return all corre-	spondence concerning this ma	tter to the following:	
	ARRIEUX, ROBERT		
		Name of Contact Persor	n
	E & A ACCOUNTING & T.	AX SERVICES, INC	
		Firm/ Company	
	PO Box 121592		
		Address	
	Fort Lauderdale, FL 33312		
	<u></u>	City/ State and Zip Cod	e e
rober	tarr/a pontonmail.com		
	*	sed for future annual report	notification)
		·	
For further information	reoncerning this matter, pleas	se call	
ARRIEUX, ROBERT		561	317-8160
Name of Contact Person		Area Co	de & Daytime Telephone Number
linelosed is a check to	the following amount made	pavable to the Florida Depc	utment 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 Tallahassec, FL 32314		Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassec, FL 32301	



01	SECTIONAL Y	
Alex Cll	de de Prostato Dos	

E & A ACCOUNTING & TAX SERVICE	S, INC	TĂLA	
(<u>Name of</u>	Corporation as current	ly filed with the Florida De	pt. of State)
P16000068799			
	(Document Number of	of Corporation (if known)	
Pursuant to the provisions of section 607.10 its Articles of Incorporation:	06, Florida Statutes, this	Florida Profit Corporation	adopts the following amendment(
A. If amending name, enter the new nam	ne of the corporation:		
name must be distinguishable and conta "Corp.," "Inc.," or Co.," or the designat word "chartered," "professional association	ion "Corp." "Inc." or	"Co". A professional corpe	
B. Enter new principal office address, if	annlicable		
(Principal office address MUST BE A STREET ADDRESS)		6311 Stonehurst Circle	
		Lake Worth, FL 33467	
C. Enter new mailing address, if applica (Mailing address MAY BE A POST OF			-
		PO Box 121592	
		Fort Lauderdale, FL 333	12
D. If amending the registered agent and/	or registered office add	ress in Florida, enter the na	ame of the
new registered agent and/or the new	registered office addres	<u>v:</u>	
Name of New Registered Agent	ARRIEUX, ROBERT		
-	G*lorida st	reet address)	
New Registered Office Accuress.			III I.
New Registered Office Many 88.	 .	τζιήν	, Florida (Zip Code)
New Registered Agent's Signature, if cha	nging Registered Agent	<u>:</u>	
hereby accept the appointment as register	ed agent. I am familiar	with and accept the obligation	ons of the position.

Signature of New Registered 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: <u>X</u> Change	<u>PT</u>	<u>John Doe</u>	
X Remove	<u>V</u>	Mike Jones	
<u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	VP	EUGENE, ALEX	6311 STONEHURST CIRCLE
Add X Remove			LAKE WORTH, FL 33467
2) Change	P	ARRIEUX, ROBERT	
X Add			
Remove 3.) N/A Change	N/A	N/A	N/A
N/A Add			N/A
N/A Remove			N/A
4) N/A Change	N/A	N/A	N/A
N/A Add			N/A
N/A Remove			N/A
5) N/A Change	N/A	N/A	N/A
N/A Add			N/A
N/A Remove			N/A
6) N/A Change	N/A	N/A	N/A
N/A Add			N/A
N/A Remove			N/A

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary), tBe specific)	
N/A	
N/A	
N/A	_
N/A	
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) ac	loption:	, if other than the
date this document was signed		
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inscited in this bedocument's effective date on the De	lock does not meet the applicable statutory filing requirements, thi partment of State's records	s date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were ado by the shareholders was/were so	opted by the shareholders. The number of votes east for the amendm flicient for approval.	ent(8)
	roved by the shateholders through voting groups. The following state each voting group entitled to vote separately on the amendmentis):	tement
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
hy		
	coding groups	
☐ The amendment(s) was/were add action was not required	pted by the board of directors without shareholder action and shareh	older
☐ The amendment(s) was/were addaction was not required	pted by the incorporators without shareholder action and shareholde	ī
Sovember Dated	14, 2017	
selected	rector president or other officer — if directors or officers have not be d. by an incorporator — if in the hands of a receiver, trustee, or other ed fiduciary by that fiduciary	
	ARRIEUX, ROBERT	
	(Typed or printed name of person signing)	
	President	

(Title of person signing)