P160000 87462

(Re	equestor's Name)		
(Ac	ldress)		
(Ac	idress)		
(Ci	ty/State/Zip/Phone	e #)	
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: GREEN BOX TAX	C SERVICES INC	
DOCUMENT NUMB	BER:		
	of Amendment and fee are su	bmitted for filing.	
Please return all corres	spondence concerning this ma	tter to the following:	
	NORRIS ATESIANO		
		Name of Contact Person	1
	GREEN BOX TAX SERVIC	ES INC	
		Firm/ Company	
	30855 SW 197TH AVE		
		Address	
	HOMESTEAD, FL 33030		
		City/ State and Zip Cod	e
GREI	ENBOXTAX@GMAIL.COM		
	E-mail address: (to be us	sed for future annual report	notification)
For further informatio	n concerning this matter, pleas	se call:	
NORRIS ATESIANO		at (927-6081
Name (of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	r the following amount made	payable to the Florida Depa	artment 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)
Ame Divi P.O	ching Address endment Section ision of Corporations Box 6327 ahassee, FL 32314	Amend Divisio Clifton 2661 E	Address Iment Section on of Corporations I Building Executive Center Circle Passee, FL 32301

MAISION OF COMPONENT

1

Articles of Amendment to Articles of Incorporation of

GREEN BOX TAX SERVICES INC.

(Name of Corporation as curre	ently filed with the Florida Dept. of State)
P16000087462	
(Document Number	er of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, thits Articles of Incorporation:	this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	<u>:</u>
name must be distinguishable and contain the word "corpore" ("Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," o word "chartered," "professional association," or the abbreviation	or "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>)	\langle
	<u> </u>
C. Enter new mailing address, if applicable:	ω n. ζ.
(Mailing address MAY BE A POST OFFICE BOX)	
	H - ST
	<u> </u>
D. If amending the registered agent and/or registered office a	address in Florida, enter the name of the
new registered agent and/or the new registered office addi	
Name of New Registered Agent	
(Floride	la sweet address)
V 1000	
New Registered Office Address:	, Florida
	• • • • • • • • • • • • • • • • • • • •
New Registered Agent's Signature, if changing Registered Ag	
I hereby accept the appointment as registered agent. I am famili	iar with and accept the obligations of the position.
Signature of Ne	ew 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.

<u>X</u> Change	<u>PT</u>	John Doe	
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>	<u>Addres</u> s
1) Change	CFO	NORRIS ATESIANO	30855 SW 197TH AVE
X Add			HOMESTEAD, FL
Remove			33030
2) X Change	CEO	BRENDA ATESIANO	30855 SW 197TH AVE
Add			HOMESTEAD, FL
Remove			33030
3) Change			
Add			
Remove			
4) Change			
Add			·
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

f amending or adding additional Arti Attach additional sheets, if necessary).	
f an amendment provides for an exch provisions for implementing the ame	nange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
	

The date of each amendment(s) a	idoption:		, if other than the
date this document was signed.	01/2019		
V1/ Effective date <u>if applicable</u> :	01/2018		
	(no more than 90 do	ays after amendment file date)	
Note: If the date inserted in this document's effective date on the D		e statutory filing requirements, this date wil	Il not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)		
☐ The amendment(s) was/were ac by the shareholders was/were s		imber of votes cast for the amendment(s)	
	proved by the shareholders through reach voting group entitled to vote	h voting groups. The following statement e separately on the amendment(s):	
"The number of votes cas	t for the amendment(s) was/were st	afficient for approval	
by		,,	
<u> </u>	(voting group)		
action was not required.		hout shareholder action and shareholder	
The amendment(s) was/were ac action was not required.	dopted by the incorporators without	shareholder action and shareholder	
01/01/201 Dated		 _	
select		- if directors or officers have not been ands of a receiver, trustee, or other court	
	BRENDA ATESIANO		
	(Typed or printed nan	ne of person signing)	
	CEO		
	(Title of p	person signing)	<u> </u>