P17000049401

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: 2 Pros Tax and Ac	counting, Inc.	
DOCUMENT NUMB	P17000049401		
The enclosed Articles of	of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this ma	tter to the following:	
	Jami Coleman		
-	<u>.</u> ,	Name of Contact Persor	1
	2 Pros Tax and Accounting, 1	lnc.	
•		Firm/ Company	
	3257 Mound Drive		
-		Address	
	Tallahassee, Florida 32309		
		City/ State and Zip Code	<u> </u>
jami.c	oleman@mycompasstax.com	1	
-	E-mail address: (to be us	sed for future annual report	notification)
For further information	concerning this matter, please	se call:	
Jami Coleman		at (<u>850</u>	597-2990
Name o	f Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	irtment of State:
S35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Ame Divis P.O.	ing Address Indment Section Ission of Corporations Box 6327 Industrial House, FL 32314	Amend Divisio Clifton	Address Iment Section on of Corporations Building xecutive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

FILES

2010 JAN 24 ANTH: 25

(Name of Corporation	on as currently filed with the Florida Dept. of State)
2 Pros Tax and Accounting, Inc. P17000049401	
(Docum	ent Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida its Articles of Incorporation:	Statutes, this Floridu Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the co	rporation:
Compass Tax Advisors, Inc	The new
	d "corporation," "company," or "incorporated" or the abbreviation " "Inc," or "Co". A professional corporation name must contain the abbreviation "P.A."
B. Enter new principal office address, if applicable	
(Principal office address <u>MUST BE A STREET ADD</u>	PRESS)
C. Enter new mailing address, if applicable:	
(Mailing address <u>MAY BE A POST OFFICE BO.</u>	<u></u>
D. If amending the registered agent and/or register new registered agent and/or the new registered of the n	
Name of New Positioned Asset	
Name of New Registered Agent	
	(Florida street address)
	(Fillitiaa Sifeel adaressy
New Registered Office Address:	, Florida
	(En) (En)
New Registered Agent's Signature, if changing Regi	
I hereby accept the appointment as registered agent.	l am familiar with and accept the obligations of the position.
Sign	ature 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: X Change	<u>PT</u>	John Do	<u>oc</u>	
X Remove	<u>v</u>	Mike Jo	ones .	
X Add	<u>sv</u>	Sally Sr	nith	
Type of Action (Check One)	<u>Title</u>		Name	Address
l) Change		_		
Add				
Remove				
2) Change				
Add				
Remove				
3) Change		_		
Add				
Remove				
4) Change				
Add		_		
Remove				
5) Change		_		
Add				
Remove				
6) Change				
Add				
Remove				

E. If amending or add (Attach additional sl	heets, if necessary).	(Be specific)	(a) iici c.		
N/A					
					
,					
					
			·		
		, , ,			
<u></u>					
					
F. <u>If an amendment p</u>	rovides for an eych	ango roclassificat	ion or cancellat	ion of icensed cha	7 06
provisions for imp	olementing the ame	ndment if not con	ained in the am	endment itself:	105.
(if not applicat	ble, indicate N/A)				
N/A					
		<u>.</u>			
				· -	
				-	

	January 23, 2018	
The date of each amendment(s) adoption date this document was signed.	tion:	, 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 block document's effective date on the Depart	k does not meet the applicable statutory filing requirements, t tment of State's records.	his date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopte by the shareholders was/were suffic	d by the shareholders. The number of votes cast for the amendation for approval.	ment(s)
	ed by the shareholders through voting groups. The following such 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)	
	(voting group)	
☐ The amendment(s) was/were adopte action was not required.	d by the board of directors without shareholder action and share	eholder
☐ The amendment(s) was/were adopte action was not required.	d by the incorporators without shareholder action and sharehold	ler
Dated	23-2018 mi Oscar- tor, president or other officer - if directors or officers have not	
Signature du	ni Coen	
(By a direc	tor, president or other officer - if directors or officers have not	been
selecteti, b	y an incorporator – if in the hands of a receiver, trustee, or othe	r court
appointed	fiduciary by that fiduciary)	
	Jani Coleran	
_	(Typed or printed name of person signing)	
	President / Owner (Title of person signing)	
	(Title of person signing)	