

P170000 79253

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

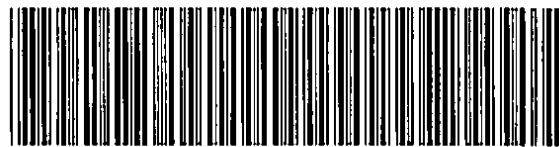
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2019 MAR 20 P 12:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAR 21 2019

T. LEMIEUX

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: LAKE SIDE TAX SERVICE, INC

DOCUMENT NUMBER: P17000079253

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

PATRICK V ODEN

Name of Contact Person

LAKE SIDE TAX SERVICE

Firm/ Company

629 WASHINGTON BLVD. N.W.

Address

LAKE PLACID, FL 33852

City/ State and Zip Code

ADMIN@LAKESIDETAXSERVICE.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

PATRICK ODEN at (956) 765-2155
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

- | | | | |
|---|--|---|--|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$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, FL 32314

Street Address
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 27, 2019

PATRICK V ODEN
629 WASHINGTON BLVD NW
LAKE PLACID, FL 33852

SUBJECT: LAKESIDE TAX SERVICE, INC.
Ref. Number: P17000079253

We have received your document for LAKESIDE TAX SERVICE, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please have Patrick V Oden sign the amendment.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tracy L Lemieux
Regulatory Specialist II

Letter Number: 419A00004150

RECEIVED

2019 MAR 20 AM 10:56

FARY
AHAS

Articles of Amendment
to
Articles of Incorporation
of

FILED

LAKESIDE TAX SERVICE, INC

(Name of Corporation as currently filed with the Florida Department of State) 2018 MAR 20 PM 2:17

P17000079253

(Document Number of Corporation (if known))

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

B. Enter new principal office address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)

629 WASHINGTON BLVD. N.W.

LAKE PLACID, FL 33852

C. Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

629 WASHINGTON BLVD. N.W.

LAKE PLACID, FL 33852

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent N/A

629 WASHINGTON BLVD. N.W.

(Florida street address)

New Registered Office Address: LAKE PLACID, Florida 33852

(City)

(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

E. If amending or adding additional Articles, enter change(s) here:

(Attach additional sheets, if necessary). (Be specific)

ARTICLE II

THE PRINCIPAL PLACE OF BUSINESS ADDRESS:

629 WASHINGTON BLVD. N.W.

THE MAILING ADDRESS OF THE CORPORATION IS:

629 WASHINGTON BLVD. N.W.

THE CORPORATION MAY ESTABLISH ADDITIONAL PLACES OF BUSINESS IN ANY STATE OR COUNTRY

ARTICLE III

THE PURPOSE FOR WHICH THE CORPORATION IS ORGANIZED IS: TO PROVIDE ACCOUNTING AND
TAX PREPARATION SERVICES; PURCHASE, LEASING AND SALE OF PROPERTY; PROPERTY MANAGEMENT;
PAYMENT SERVICES AND ANY AN ALL LAWFUL BUSINESS

**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)

01/01/2019

The date of each amendment(s) adoption: _____, if other than the date this document was signed.

01/01/2019

Effective date if applicable: _____
(no more than 90 days after amendment file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s) (CHECK ONE)

☒ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.

☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each 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)

☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.

☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

02/08/2019

Dated _____

Signature

Patrick V. Oden

(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

PATRICK V. ODEN

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)