Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H18000115059 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6380

Account Name : LEGACY TAX, INC.

Account Number : I20120000069

APR 12 2018

Phone

: (561)683-3000

Fax Number

: (561)965-0938

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: LEGACYTAXCORPS@ GMAIL

## COR AMND/RESTATE/CORRECT OR O/D RESIGN KERRIE BROOKS, PA

Certificate of Status	0
Certified Copy	0
Page Count	06
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Help

04/11/2018 13:13 PM PDT TO:18506176380 FROM:5619650938

H1800011505433

## **COVER LETTER**

TO: Amendment Section Division of Corporations					
NAME OF CORPORATION: KERRIE BROOKS,	PA.				
DOCUMENT NUMBER: P18000024582					
The enclosed Articles of Amendment and fee are sub	mitted for filing.				
Please return all correspondence concerning this matter	er to the following:				
ARNALDO J COUCELO					
	Name of Contact Person				
LEGACY TAX, INC.					
	Firm/ Company				
1818 S AUSTRALIAN AVE,	SUITE 202				
	Address				
WEST PALM BEACH, FL 33	409				
	City/ State and Zip Code				
LEGACYTAXCORPS@GMAIL.C	ОМ				
E-mail address: (to be use	ed for future annual report notification)				
For further information concerning this matter, please	e cali:				
ARNALDO J COUCELO	at (				
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:					
\$35 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & □\$52.50 Filing Fee Certified Copy Certificate of Status (Additional copy is enclosed) (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				

04/11/2018 13:13 PM PDT

TO:18506176380 FROM:5619650938

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## Articles of Amendment to Articles of Incorporation of

filed with the Florida Dept. of State)
Corporation (if known)
lorida Profit Corporation adopts the following amendment(s) to
The new
" "company," or "incorporated" or the abbreviation o". A professional corporation name must contain the A."
N/A
N/A
ss in Florida, enter the name of the
et address)
et address) , Florida

04/11/2018 13:13 PM PDT

TO:18506176380 FROM:5619650938

1180001150593

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.

X Change	$\underline{\mathbf{PT}}$	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>\$V</u>	Sally Smith	
Type of Action (Check One)	_Title	Name	Address
1) X Change	P	KERRI BROOKS	2473 SW MURPHY ROAD
Add			PALM CITY, FL 34990
Remove			
2) Change			
Add			
Remove			
3 ) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

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E. <u>If amen</u>	ding or adding additional Ar	ticles, enter change(s) here:			
	additional sheets, if necessary).	(Be specific)			
N/A					
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					,
E lean a	mendment provides for an ex	shawas waalessification on es	masllating of traved above		
provi	sions for implementing the an	tendment if not contained in t	the amendment itself:		
(i	f not applicable, indicate N/A)				
N/A					
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		<del></del>			-
				··· <b>···</b> ······	-

04/11/2018 13:13 PM PDT TO:18506176380 FROM:5619650938

/2018	13:13	PM	PDT	TO:18506176380	FROM:5619650938	H180001150593
	f each amer cument was			option:		, if other than the
Effective d	ate <u>if appli</u> e	cable:				
				(no more than 90 days t	after amendment file date)	
				ock does not meet the applicable str partment of State's records.	atutory filing requirements, this	s date will not be listed as the
Adoption	of Amendm	ent(s)	1	(CHECK ONE)		
				pted by the shareholders. The number ficient for approval.	er of votes cast for the amendment	ent(s)
				roved by the shareholders through vo each voting group entitled to vote se		tement
"]	The number	of vot	es cast i	for the amendment(s) was/were suffic	cient for approval	
by	<i>!</i> ———		· <u>-</u>	(voting group)		
		was/w		pted by the board of directors withou		nolder .
	endment(s) vas not requ		ere ado	pted by the incorporators without sha	areholder action and shareholde	or .
	Date			.6/2018		
	Sign		selecte	irector, president or other officer - if d, by an incorporator - if in the hands and fiduciary by that fiduciary)		
				KERR	u brooks	
				(Typed or printed name of	of person signing)	

04/11/2018

PRESIDENT

(Title of person signing)