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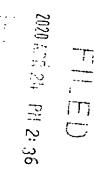
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: Phanald Insurance	ce & Tax, Inc	
DOCUMENT NUMB	ER: P18000089378		
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:	
:	Stephano M Dulcio		
-	 	Name of Contact Persor	1
I	Phanald Insurance & Tax,	Inc	
-		Firm/ Company	
	775 S Kirkman Rd Ste 114		
-		Address	
	Orlando, FL 32811-2068		
-		City/ State and Zip Code	e
	ohanaldit@gmail.com		
-		sed for future annual report	notification)
For further information Stephano M Dulcio	concerning this matter, pleas	se call: 850	、530-8205
Name o	f Contact Person	`	de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:
S35 Filing Fce	☐\$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)
Amer Divis P.O.	ing Address ndment Section ion of Corporations Box 6327 hassee, FL 32314	Amend Divisio The Co 2415 N	Address ment Section in of Corporations entre of Tallahassee V. Monroe Street, Suite 810 issee, FL 32303

Articles of Amendment to Articles of Incorporation of

Phanald Insurance & Tax, Inc.		
(Name of Corporation as	currently filed with the Flo	orida Dept. of State)
P18000089378		
(Document N	lumber of Corporation (if kr	nown)
Pursuant to the provisions of section 607.1006, Florida Statuits Articles of Incorporation:	ites, this <i>Florida Profit Cor</i>	noration adopts the following amendment(s) to
A. If amending name, enter the new name of the corpora	ation:	
Phanald IT, Inc.		The new
name must be distinguishable and contain the word "corpora" Inc.," or Co.," or the designation "Corp," "Inc," or "chartered," "professional association," or the abbreviation	"Co". A professional corp	orporated" or the abbreviation "Corp.,"
B. Enter new principal office address, if applicable:		
(Principal office address <u>MUST BE A STREET ADDRESS</u>	(2	020
C. Enter new mailing address, if applicable:		+
(Mailing address MAY BE A POST OFFICE BOX)	_ 	골 ፲፫
		2 C
		
D. If amending the registered agent and/or registered of new registered agent and/or the new registered office		ter the name of the
Name of New Registered Agent		
<i>(F</i>	lorida street address)	
New Registered Office Address:		. Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registere I hereby accept the appointment as registered agent. I am f.		obligations of the position
The state of the supplemental and experience and ex	annia min ana accept me	origanom of the position.

Signature of New Registered Agent, if changing

Check if applicable

[☐] The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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)

Example:

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	<u>P1</u>	Juhn 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>	Address
1) Change			
Add			
Remove			
2) Change		_	
Add			
Remove 3) Change		_	
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			•

(Att	mending or adding additional Articles, enter change(s) here: such additional sheets, if necessary). (Be specific)
/	
lf a	in amendment provides for an exchange, reclassification, or cancellation of issued shares.
pr	ovisions for implementing the amendment if not contained in the amendment itself:
	(if not applicable, indicate N/A)

	04/20/2020	
The date of each amendment(s) adopt date this document was signed.	ion:	, if other that
Effective date if applicable:		_
	(no more than 90 day	ys after amendment file date)
Note: If the date inserted in this block document's effective date on the Departs		e statutory filing requirements, this date will not be listed a
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopted action was not required.	by the incorporators, or board	d of directors without shareholder action and shareholder
☐ The amendment(s) was/were adopted by the shareholders was/were sufficient		mber of votes cast for the amendment(s)
☐ The amendment(s) was/were approve must be separately provided for each		n voting groups. The following statement separately on the amendment(s):
"The number of votes cast for the	he amendment(s) was/were su	officient for approval
by		"
	(voting group)	
Signature (By director directed, by appointed fi	an incorporator – if in the han iduciary by that fiduciary) phano M Dulcio	if directors or officers have not been nds of a receiver, trustee, or other court
	(Typed or printed name	e of person signing)
Pres	S .	

(Title of person signing)