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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : TAX ZONE INC.
Account Number : I20190000044
Phone : (407)888-3131

Fax Number : (888)453-0509

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

Email	Address:			

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TIDAL WAVE INC

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Page Count	07
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From: Tax Zone

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COVER LETTER

TO: Amendment Section Division of Corporations NAME OF CORPORATION: TIDAL WAVE INC DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: EDDIE KOTLER Name of Contact Person Firm/ Company 8865 COMMODITY CIRCLE STE 4 Address ORLANDO, FL 32819 City/ State and Zip Code ED@TAXZONEFL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (407) 888-3131
Area Code & Daytime Telephone Number EDDIE KOTLER Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: □\$43.75 Filing Fee & □\$52.50 Filing Fee ☐\$43.75 Filing Fee & 535 Filing Fee Certificate of Status Certified Copy Certificate of Status Certified Copy (Additional copy is enclosed) (Additional Copy is enclosed) Street Address Mailing Address Amendment Section Amendment Section Division of Corporations Division of Corporations The Centre of Tallahassee P.O. Box 6327 2415 N. Monroe Street, Suite 810 Tallahassec, FL 32314 Tallahassee, FL 32303

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Articles of Amendment to Articles of Incorporation of

TIDAL WAVE INC				
(Name o	f Corporation as current	ly filed with the Florida Dept. of State)	CA S	- - - -
P18000098873				_
	(Document Number of	of Corporation (if known)		
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this	Florida Profit Corporation adopts the follo	owing amendment(s) to	o.
A. If amending name, enter the new na	me of the corporation:			
N/A			The new	
name must be distinguishable and contain "Inc.," or Co.," or the designation "C "chartered," "professional association,"	Corp," "Inc," or "Co".	company," or "incorporated" or the abbre A professional corporation name must co "	viation "Corp.," ontain the word	
B. Enter new principal office address, (Principal office address MUST BE A S	if applicable:	N/A		
C. Enter new mailing address, if appli (Mailing address MAY BE A POST)	cable: OFFICE BOX	N/A		
D. If amending the registered agent ag new registered agent and/or the new	d/or registered office address	dress in Florida, enter the name of the		
	N/A	.		
Name of New Registered Agent				
	N/A	reet address)	· 	
	(Fiorida Si			
New Registered Office Address:		(Ciry), Florida	(Zip Code)	
		Cary	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
New Registered Agent's Signature, If c I hereby accept the appointment as regist	hanging Registered Agen ered agent. I am familiar	t: with and accept the obligations of the posit	ion.	
	Signature of New	Registered Agent, if changing		
Check if applicable [] The amendment(s) is/are being filed p		•		
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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>PT</u>	John Doc	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change	VP	SHARON FELICO	27 DEKAY RD
X Add			WARWICK, NY 10990
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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The date of each amendment(s)	ndoption:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :	(no more than 90 days after umendment file date)	
Note: If the date inserted in this document's effective date on the I	block does not meet the applicable statutory filing requirements, this pepartment of State's records.	s date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were as action was not required.	topted by the incorporators, or board of directors without shareholder	action and shareholder
The amendment(s) was/were as by the shareholders was/were	lopted by the shareholders. The number of votes east for the amendm sufficient for approval.	ent(s)
☐ The amendment(s) was/were a must be separately provided for	proved by the shareholders through voling groups. The following star r each voting group entitled to vote separately on the amendment(s):	tement
"The number of votes can	t for the amendment(s) was/were sufficient for approval	202.
by	(voting group)	2021 JUL 30 ALLAHASSE
07/30/202	1	30 SSEE
Dated	V. Um	E P
select	director, president or other officer – if directors or officers have not be ed, by an incorporator – if in the hands of a receiver, trustee, or other inted fiduciary by that fiduciary)	ecn S: 31 court
	EDDIE KOTLER	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	

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