## P1900000 6282

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2019 JAN 30 A II: 13

## COVER LETTER

**TO:** Amendment Section Division of Corporations

NAME OF CORPOR	ATION: PREMIER TAX A	ND ACCOUNTING GROU	JP INC		
DOCUMENT NUME	BER: P19000006282				
The enclosed Articles	of Amendment and fee are su	bmitted for filing.			
Please return all corres	pondence concerning this mat	tter to the following:			
	JAZLYNN HERNANDEZ				
		Name of Contact Person			
	PREMIER TAX AND ACCO				
	Firm/ Company				
600 N THACKER AVE. SUITE C-14			IAI (	2019	
		Address		3-2	<u></u>
	KISSIMMEE, FL 34741			200	w
		City/ State and Zip Code	?	777	
PREN	MIERTAXFIRM@GMAIL.C	OM			$\geq$
	•	sed for future annual report	notification)		<del>==</del>
For further information	n concerning this matter, pleas	se call:			
JAZLYNN HERNAN	IDEZ	at (	847-9003		
Name of Contact Person		Area Co	de & Daytime Telephone	Number	
Enclosed is a check fo	r the following amount made	payable to the Florida Depa	rtment of State:		
S35 Filing Fee	☐S43.75 Filing Fee & Certificate of Status	Certified Copy (Additional copy is enclosed)	☐\$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 Clifton Building Tallahassee, FL 32301		ment Section in of Corporations Building xecutive Center Circle			

## Articles of Amendment to Articles of Incorporation of

(Name o	of Corporation as curr	ently filed with the Florida	Dept. of State)
P19000006282	·-		
<del></del>	(Document Numb	er of Corporation (if known)	)
Pursuant to the provisions of section 607, its Articles of Incorporation:	1006, Florida Statutes,	this Florida Profit Corporat	tion adopts the following amendment(s) to
A. If amending name, enter the new na	ime of the corporation	<u>ı:</u>	
			The new
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	ation "Corp," "Inc,"	or "Co". A professional c	
B. Enter new principal office address, (Principal office address MUST BE A S		N/A	
C. Enter new mailing address, if applications (Mailing address MAY BE A POST)		N/A	JAN 30 A III
D. If amending the registered agent an new registered agent and/or the new			he name of the
Name of New Registered Agent	RAMONA PRESCO	ITI	
	600 N THACKER A	VE STE C-14	
	(Floric	la street address)	<del></del>
Now Ranictoral Office Address	KISSIMMEE		Florida 34741

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

Thereby accept the appointment as registered agent. Tam familiar with and accept the obligations of the position.

(City)

(Zip Code)

Signature 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 Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	P	JULIO HERNANDEZ	600 N THACKER AVE. C14
Add			KISSIMMEE, FL 34741
X Remove			
2) X Change	P	JAZLYNN HERNANDEZ	600 N THACKER AVE 64
Add			KISSIMMEE, FIZ 34741
Remove			600 N THACKER AVE 214
3 ) Change	VP	RAMONA PRESCOTT	600 N THACKER AVE \$214
X Add			KISSIMMEE, ÉÉ 34741
Remove			اندا جر
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Attach additional sheets, if necessary).	(Be specific)			
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f an amendment provides for an exch	iange, reclassifica	tion, or cancella	tion of issued shap	res,
provisions for implementing the ame	ndment if not con	tained in the am	endment itself:	
(if not applicable, indicate N/A)				
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., .,,				
		,		
	·			

1-26-2019	
The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
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 document's effective date on the Department of State's records.	ill not be listed as the
Adoption of Amendment(s) ( <u>CHECK.ONE</u> )	
■ 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)	
(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.  Dated  Dated  1-26-2019  Dated  (By a director, president or 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)  JAZLYNN HERNANDEZ	FILED.
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	<del></del>