## P19000026875

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## COVER LETTER

TO: Amendment Section Division of Corporations				
NAME OF CORPORATION: FREMICK TAX RESOLUTIONS FNC.				
DOCUMENT NUMBER: <u>P19000 26875</u>				
The enclosed Articles of Amendment and fee are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
Panela B. Garrett				
Name of Contact Person				
Prenier TAX Resolutions				
6999 Merrill Ruad Stc 2-333				
JACKSUNVILLE F1 32277  City/ State and Zip Code				
City/ State and Zip Code				
Pam Devementariors. Com v E-mail address: (to be used for future annual report notification)				
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Panel B Go 10 H COM MINI AND				
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 ☐ \$43.75 Filing Fee & Certificate of Status (Additional copy is enclosed) ☐ \$52.50 Filing Fee 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 Taltabassee, FL 32301

## Articles of Amendment

Articles of Incorporation

Prenjei TAX Resolutions	7rt			
P1900026875				
(Document Number of	of Corporation (if known)			
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to			
A. If amending name, enter the new name of the corporation:				
	The new			
name must be distinguishable and contain the word "corporate" "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation name must contain the			
B. Enter new principal office address, if applicable:	- 48 23			
(Principal office address <u>MUST BE A STREET ADDRESS</u> )	1.21			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	JUL 15 PM 3: 30			
D. If amending the registered agent and/or registered office add new registered agent and/or the new registered office addres				
Name of New Registered Agent Pameta B	· Garreti			
6999 Me 41	Rd Ste 2-333			
New Registered Office Address: 6999 Nevrill	RU Ste 2-33, Florida F/ 32277			
	(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.			
Han le B. Harre				

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 $\underline{V}$ Mike Jones $X \land Add$ $\underline{SV}$ Sally Smith Type of Action Title Name Address (Check One) 6999 Mervill Road Ste 2# 333 Jeanetta BArtley 1) \_\_\_\_ Change 2) X Change President Pamela B. Gallett \_\_\_\_ Add TACKSONVIlle FT 32277 \_\_\_\_ Remove 3.) \_\_\_\_ Change \_\_\_\_ Add \_\_\_\_ Remove 4) \_\_\_\_ Change \_\_\_\_ Add \_\_\_\_ Remove 5) \_\_\_\_ Change \_\_\_\_ Add Remove

Attach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)
-	
f an amendment provides for an exchange the area	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	enument it not contained in the amendment itsen:

٠.

The date of each amendment(s) ac	Joption: 7/11/19	, if other than the
date this document was signed.	,	
Effective date <u>if applicable</u> :	(no more than 90) days after amend	<del></del>
	(no more than 90) days after amend	ment file date)
Note: If the date inserted in this b document's effective date on the De	lock does not meet the applicable statutory filin partment of State's records.	g requirements, this date will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
☐ The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders. The number of votes c fficient for approval.	ast for the amendment(s)
☐ The amendment(s) was/were app must be separately provided for	roved by the shareholders through voting groups. each voting group entitled to vote separately on	. The following statement the amendment(s):
"The number of votes cast	for the amendment(s) was/were sufficient for app	roval
hy	(voting group)	·"
	(voting group)	
☐ The amendment(s) was/were ado action was not required.	pted by the board of directors without shareholde	er action and shareholder
The amendment(s) was/were ado action was not required.	pted by the incorporators without shareholder act	ion and shareholder
Dated	11/2019	
Signature	Janel Janel	
	rector, president or other officer - if directors or	
	<ol> <li>by an incorporator – if in the hands of a receive ed fiduciary by that fiduciary)</li> </ol>	er, trustee, or other court
	Panela B. Gorrett (Typed or printed name of person sign	
	(Typed or printed name of person sign	ning)
	President (Title of person signing)	
	(Title of person signing)	