

PIA000059317

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

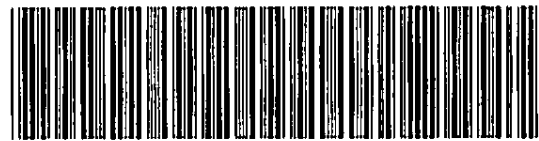
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SECRETARY
FALL RIVER, MA
C-11 = D

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: EDMUND C WILSON INC

DOCUMENT NUMBER: P19000059317

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

EDMUND WILSON

Name of Contact Person

EDMUND C WILSON INC

Firm/ Company

12000 N DALE MABRY HWY STE 150

Address

TAMPA, FL 33618

City/ State and Zip Code

ewilson101@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

EDMUND WILSON at (727) 488-7801

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

☐ \$43.75 Filing Fee &
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

Street Address

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Articles of Amendment
to
Articles of Incorporation
of

EDMUND C WILSON INC

(Name of Corporation as currently filed with the Florida Dept. of State)

P19000059317

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

BAY TAX & ACCOUNTING INC

The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

**B. Enter new principal office address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)**

12000 N DALE MABRY HWY

STE 150

TAMPA, FL 33618

**C. Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)**

12000 N DALE MABRY HWY

STE 150

TAMPA, FL 33618

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent

12000 N DALE MABRY HWY STE 150

(Florida street address)

New Registered Office Address:

TAMPA

Florida 33618

(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.

Signature of New Registered Agent, if changing

Check if applicable

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

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:

<u>X</u> Change	<u>PT</u>	<u>John.Doe</u>
-----------------	-----------	-----------------

X Remove V Mike Jones

X Add SV Sally Smith

Type of Action
(Check One)

Title

NameAddress

1) <input checked="" type="checkbox"/> Change	P	EDMUND C WILSON	12000 N DALE MABRY HWY
<input type="checkbox"/> Add			STE 150
<input type="checkbox"/> Remove			TAMPA, FL 33618

2) _____ Change _____
 _____ Add _____

[Remove](#)

3) Change _____

_____ Add _____

[Remove](#)

4) Change _____

Add _____

Remove _____

5)	Change	
----	--------	--

Add _____

Remove _____

6) Change _____

Acid _____

Remove _____

E. If amending or adding additional Articles, enter change(s) here:

(Attach additional sheets, if necessary). (Be specific)

N/A

F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:

(if not applicable, indicate N/A)

N/A

The date of each amendment(s) adoption: _____, if other than the date this document was signed.

12/06/2022

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 not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s) (CHECK ONE)

☒ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.


☐ 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)

12/06/2022
Dated _____

Signature 
(By a director, president or other 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)

EDMUND C WILSON

(Typed or printed name of person signing)

P

(Title of person signing)