P21000066303

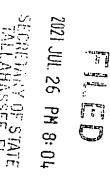
(Requestor's Name)
(Address)
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(**************************************
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(=========,
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	DRATION: TAP SERVICES (OF FLORIDA, INC.	
	1BER: P21000066303		
	es of Amendment and fee are su	ibmitted for filing.	
Please return all corr	espondence concerning this ma	atter to the following:	
	CHRIS SANFORD		
		Name of Contact Person	n
	TAP SERVICES OF FLORI	DA, INC.	
		Firm/ Company	
	13080 S BELCHER RD	, ,	
	LARGO, FL 33773	Address	
		City/ State and Zip Cod	e
	CKSANFORDEA@AOL.CO		
		sed for future annual report	notification)
For further information	on concerning this matter, pleas	se call: at (727	, 410 -44 29
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check f	or the following amount made	payable to the Florida Depa	artment of State: ☐\$52.50 Filing Fee
	Certificate of Status	Certified Copy (Additional copy is enclosed)	Certificate of Status Certified Copy (Additional Copy is enclosed)
Ani Div P.C	iling Address tendment Section dision of Corporations D. Box 6327 Iahassee, FL 32314	Amend Divisio The Co 2415 N	Address ment Section n of Corporations entre of Tallahassee I. Monroe Street, Suite 810 ssee, FL 32303

Articles of Amendment to Articles of Incorporation of

FILED

TAP SERVICES INC	2021 JUL 26 PM 8: 04
(Name of Corporati	on as currently filed with the Florida Dept. of State)
P21000066303	JEUNETARY OF STATE TALLAHASSEE ED
(Docur	ment Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida its Articles of Incorporation:	a Statutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the co	orporation:
TAP SERVICES OF FLORIDA, INC.	The new
name must be distinguishable and contain the word "co". "Inc.," or Co.," or the designation "Corp," "Inc," chartered," "professional association," or the abbre	orporation," "company," or "incorporated" or the abbreviation "Corp.," " or "Co". A professional corporation name must contain the word
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET ADD	DRESS)
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u>(X</u>)
D. If amending the registered agent and/or register	ed office address in Florida, enter the name of the
new registered agent and/or the new registered	office address:
Name of New Registered Agent	
	(Slavida et al. 1)
	(Florida street address)
New Registered Office Address:	, Florida
	(гар Спие)
New Registered Agent's Signature, if changing Reg I hereby accept the appointment as registered agent.	istered Agent: I am familiar with and accept the obligations of the position.
Signal	ture of New Registered Agent, if changing
	me of their negistered Agent, if changing
Check if applicable	

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

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	$\underline{\mathbf{V}}$	Mike Jone	<u>cs</u>		
X Add	<u>SV</u>	Sally Smi	<u>th</u>		
Type of Action (Check One)	<u>Title</u>	Ā	<u>Vame</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				_	

			-	<u>.</u>		
				<u> </u>	<u> </u>	
					-	
						
in amendment provides for an exchange ovisions for implementing the amendm	e, reclassification ent if not contain	<u>, or cancell:</u> red in the ar	<u>ation of iss</u> mendment	ued shares, itself:		
(if not applicable, indicate N/A)						
			 -			

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	07/21/21	
The date of each amendment(s) a	doption:	, if other than the
date this document was signed.		
	11/2021	
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bedocument's effective date on the Di	block does not meet the applicable statutory filing requirements, this epartment of State's records.	s date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ad- action was not required.	opted by the incorporators, or board of directors without shareholder	action and shareholder
☐ The amendment(s) was/were adby the shareholders was/were so	opted by the shareholders. The number of votes east for the amendm ifficient for approval.	ent(s)
	proved by the shareholders through voting groups. The following state each voting group entitled to vote separately on the amendment(s):	tement
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by	··	
	(voting group)	
selecte	irector, president or other officer – if directors or officers have not be d, by an incorporator – if in the hands of a receiver, trustee, or other of the fiduciary by that fiduciary)	een court
	(Typed or printed name of person signing)	
	President. (Title of person signing)	