

P22 0000026432

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

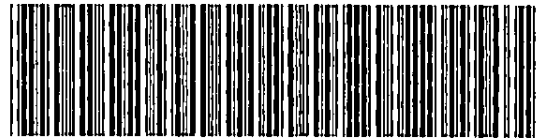
(Business Entity Name)

(Document Number)

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*Amended*

05/02/22--01028--011 \*\*95.00

FILED  
2022 MAY -2 PM 12 52  
CLERK OF DISTRICT COURT  
JULIA A. HARRIS

A. RAMSEY

JUN - 8 2022

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: TOWN CONNECT NETWORK INC

DOCUMENT NUMBER: P22000026432

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

Please return all correspondence concerning this matter to the following:

MARITZA COLLAZO

Name of Contact Person

MASTER TAX SERVICE INC

Firm/ Company

3846 CURRY FORD RD

Address

ORLANDO, FL 32806

City/ State and Zip Code

INFO@MASTERTAXSERVICEINC.COM

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

For further information concerning this matter, please call:

MARITZA COLLAZO

Name of Contact Person

at ( 407 )

896-7113

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

FILED

TOWN CONNECT NETWORK INC

2022 MAY -2 PM 12 52

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

P22000026432

SECRETARY OF STATE  
-FILING MANAGER

(Document Number of Corporation (if known))

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

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

*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**)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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* \_\_\_\_\_

\_\_\_\_\_  
(Florida street address)

*New Registered Office Address:* \_\_\_\_\_, Florida \_\_\_\_\_  
(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*

	T	LEPSY A GUZMAN JAIME	8215 BAJA BLVD
1) <input checked="" type="checkbox"/> Change	<input checked="" type="checkbox"/>		
<input checked="" type="checkbox"/> Add	<input checked="" type="checkbox"/>		ORLANDO FL 32817
<input type="checkbox"/> Remove	<input type="checkbox"/>		
2) <input type="checkbox"/> Change	<input type="checkbox"/>		
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6) <input type="checkbox"/> Change	<input type="checkbox"/>		
<input type="checkbox"/> Add	<input type="checkbox"/>		
<input type="checkbox"/> Remove	<input type="checkbox"/>		

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

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

(if not applicable, indicate N/A)

(if not applicable, indicate N/A)

04/26/2022

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)

**Adoption of Amendment(s) (CHECK ONE)**

☒ 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)

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.

04/26/2022  
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)

DAGMA C REYES

\_\_\_\_\_  
(Typed or printed name of person signing)

VICE-PRESIDENT

\_\_\_\_\_  
(Title of person signing)