Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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H220081880093ABC/

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.

Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : TAX ZONE INC.

Account Number : I20190000044 Phone : (407)888-3131

Fax Number : (388)453-0509

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: accountant @ taxconeft. con

777 KAY 27 MH 8: 31

COR AMND/RESTATE/CORRECT OR O/D RESIGN UNIGEN SERVICES CORP

Certificate of Status	0
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Page Count	06
Estimated Charge	\$35.00

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A. BUTLER
Help MAY 3 1 2022

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COVER LETTER

TO: Amendment Section Division of Corporations

Page: 4 of 8

NAME OF CORPOR	LATION: UNIGEN SERVIC	ES CORP	<u> </u>
DOCUMENT NUMI	BER: P22000034027		
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corre	spondence concerning this ma	tter to the following:	
	ED KOTLER		
		Name of Contact Person	
	TAX ZONE INC		
	·	Firm/ Company	
	8865 COMMUNITY CIR ST	TE 4	
		Address	A B Andrews A B Andrews A P An
	ORLANDO, FL 32819		
		City/ State and Zip Code	
	ACCOUNTANT@TAXZON	EFL.COM	
	E-mail address: (to be us	sed for future annual report	notification)
For further informatio	n concerning this matter, plea	se call:	
ED KOTLER		at (407	888-3131
Name	of Contact Person	Агеа Со	de & Daytime Telephone Number
Enclosed is a check fo	r the following amount made	payable to the Florida Depa	artment of State:
S35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	S43.75 Filing fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Ame Divi P.O.	ling Address indment Section sion of Corporations Box 6327 whassee, FL 32314	Amend Divisio The Co 2415 Y	Address ment Section n of Corporations entre of Tallahassee V. Monroe Street, Suite 810 essee, FL 32303

(((+1 2 2 0 0 0 1 8 0 0 9 3)))
Articles of Amendment FILED

	Articles of A				
	Articles of Inc of	corporation	2022 MAY 27	AM 8: 34	
UNIGEN SERVICES CORP			SECRETARY	OF STATE	
(Nume o	of Corporation as current	y filed with the	Ploride Dept Adi Su	MOEE, FL	
222000034027					
	(Document Number o	f Corporation (if	known)		
Pursuant to the provisions of section 607. ts Articles of Incorporation:	1006, Florida Statutes, this	Florida Profit C	orporation adopts th	e following amendment(:	
V. If amending name, enter the new m	ime of the corporation:				
				The new	
name must be distinguishable and contain "Inc.," or Co.," or the designation "C "chartered," "professional association,"	Corp," "Inc," or "Co". 1	4 professional c	ncorporated" or the corporation name m	abbreviation "Corp" ust contain the word	
3. Enter new principal office address,	if applicable:	9361 CYPRE	SS COVE DR		
Principal office address MUST BE A S	TO PERSON A PLANTAGE TO		, FL 32819		
		خلقه فتطلقها سيواله ية ياد فدسون وميهو			
C. Enter new malling address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		9361 CYPRI	SS COVE DR		
		ORLANDO,	FL 32819		
		<u></u>			
					
). If amending the registered agent an			enter the name of t	<u>he</u>	
new registered agent and/or the new	v registered office address	<u>s:</u>			
Name of New Registered Agent				**************************************	
Parme of their Registrate Arean					
Prime of their Argines to Argin	9361 CYPRESS COVE D				
Pome of their Arginetts Argin	(Florida sti	R reet address)		2200	
New Registered Office Address:			. Flori	dn 32819 (Zip Code)	

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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; CE() = 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.

X Change	<u>PT</u>	John De	α <u>ε</u>	
X Remove	Y	Mike Jo	<u>ones</u>	
X Add	<u>sv</u>	Sally S	mith	
Type of Action (Check One)	Title		<u>Name</u>	Address
1) Change	VP		NICHOLAS KING	9361 CYPRESS COVE DR
X Add				ORLANDO, FL 32819
Remove				
2) Change				·
Add				
Remove 3) Change				
Add				
Remove				
4) Change				
Add				
Remove				***
5) Change				
Add				
Remove				19 - 10 - 10 - 10 - 10 - 10 - 10 - 10 -
6) Change				
Add				
Ramenia				

(. frement committee in many	s. II recessarvi. —	(Be specific)		2. It amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)				
		;== =p == g + v/						
·								
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		.,						
			·					
F. If an amendment pro	vides for an excha-	nge, reclassifica	tion, or cane	ellation of issi	ned shares,			
provisions for imple	nenting the amene	<u>lment if not co</u> r	ntained in the	amendment	<u>itself:</u>			
(if not applicable	inaicaic NA)							
				······································				

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Page: 8 of 8

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Note: If the date inserted in this block does not meet the application of Amendment(s) (CHECK ONE)	, if other than the statutory filing requirements, this date will not be listed as the
Note: If the date inserted in this block does not meet the application of Amendment(s) (CHECK ONE)	
Note: If the date inserted in this block does not meet the application of Amendment(s) (CHECK ONE)	
document's effective date on the Department of State's records. Adoption of Amendment(s) (CHECK ONE)	icable statutory filing requirements, this date will not be listed as the
•	
shirt I will be a first of the	
action was not required.	board of directors without shareholder action and shareholder
The amendment(s) was/were adopted by the shareholders. The by the shareholders was/were sufficient for approval.	ne number of votes east for the amendment(s)
The amendment(s) was/were approved by the shareholders the must be separately provided for each voting group entitled to	rough voting groups. The following statement ovote separately on the amendment(s):
"The number of votes east for the amendment(s) was/w	ere sufficient for approval
by	
by(voting group)	
Dated 5 27-27	icer – if directors or officers have not been
Signature Dicordo	D KACE
(By a director, president or other off selected, by an incorporator - if in t appointed fiduciary by that fiduciary	he hands of a receiver, trustee, or other court
(Typed or printer	I name of person signing)
Pre	sident.
(Title of person s	igning)