Division of Corporations

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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

: TAX ZONE INC. Account Name Account Number : I20190000044 Phone : (407)888-3131 Fax Number : (888)453-0509

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

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A. RAMSEY

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Corporate Filing Menu

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((H22000 254039 3))

Division of Corporation
NAME OF CORPORATIO

To:

G&N PRO SERVICES INC P22000034097 DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: ED KOTLER Name of Contact Person TAX ZONE INC Firm/ Company 8865 COMMUNITY CIR STE 4 Address ORLANDO, FL 32817 City/ State and Zip Code ACCOUNTANT@TAXZONEFL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: ED KOTLER

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

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enclosed) 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

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Articles of Amendment to Articles of Incorporation of 2022 JUL 27 AM 9: 26

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To:

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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)

Example:

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.

X Change	PT lot	nn Due	
X Remove	<u>V</u> <u>M</u> i	ke Jones	
X Add	SV Sal	lly Smith	
Type of Action (Check One)	Title	Name	Address
1) X Change	VP	GEOVANNYA A INGLES NUNEZ	2734 KINLOCH DR
Add			ORLANDO, FL 32817
Remove			
2) Change	P	NANCY BONILLA INGLES	2734 KINLOCH DR
X Add			ORLANDO, FL 32817
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

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<u>If amending or adding addit</u> (Attach <i>additional sheets, if ne</i>	ional Articles, entercessary). (Be spec	r change(s) here cific)	:	
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To:

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The date of each amendment(s) adop	ition:		if other than the
date this document was signed.	•	•	
Effective date if applicable:	·····	• .	
	(no more than 90 days	s after amendment file date	·
Note: If the date inserted in this block document's effective date on the Depart	k does not meet the applicable timent of State's records.	statutory filing requirement	s, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)		
☐ The amendment(s) was/were adopte	ed by the incorporators, or board	of directors without shareh	older action and shareholder
action was not required.		•	
The amendment(s) was/were adopte by the shareholders was/were suffic		ber of votes cast for the am	endment(s)
☐ The amendment(s) was/were approvements be separately provided for each	ved by the shareholders through ch voting group entitled to vote s	voting groups. The fallowing separately on the amendment	ng statement nt(s):
"The number of votes cast for	the amendment(s) was/were suf	ficient for approval	
by		17 	•
	(voting group)		
Dated	ly 27 2022.		
Signature	Geovan	my Inglis	
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