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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

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

2024 HAY IL PH 3: 09

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

Email Address: Accountantal taxzonefl. com

## COR AMND/RESTATE/CORRECT OR O/D RESIGN NANDO'S VALET SERVICES INC

| Certificate of Status | 0       |
|-----------------------|---------|
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TASSEE. FLORIDA

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TO: Amendment Section

## **COVER LETTER**

| Division of Corp   | orations                                  |  |  |
|--|---|--|--|
| NAME OF CORPO  | RATION: NANDO'S VALE                      | T SERVICES INC   |  |
| DOCUMENT NUMI  | D24000016200                              |  |  |
| The enclosed Articles  | of Amendment and fee are su               | bmitted for filing.  |  |
| Please return all corres   | spondence concerning this ma              | itter to the following:  |  |
|  | ED KOTLER                                 |  |  |
|  |   | Name of Contact Person   | n  |
|  | TAX ZONE INC                              |  |  |
|  |   | Firm/ Company  |  |
|  | 8865 COMMODITY CIR ST                     | Œ 4  |  |
|  |   | Address  |  |
|  | ORLANDO, FL 32819                         |  | ·  |
|  |   | City/ State and Zip Cod  | e  |
|  | ACCOUNTANT@TAXZON                         | IEFL.COM   |  |
|  | E-mail address: (to be us                 | sed for future annual report   | notification)  |
| For further information  | n concerning this matter, plea            | se call:   |  |
| ED KOTLER  |   | at ( <u>407</u>  | 8883131  |
| Name of Contact Person   |   | Area Co  | de & Daytime Telephone Number  |
| Enclosed is a check for  | the following amount made                 | payable to the Florida Depa  | artment of State:  |
| S35 Filing Fee   | S43.75 Filing Fee & Certificate of Status | □\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)   | S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) |
| Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tailahassee, 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 FILED

2024 MAY 14 PM 3: 09

|  | 0  | 1  |  |  |
|--|--|--|--|--|
| NANDO'S VALET SERVICES INC   |  |  |  |  |
| (Name  | of Corporation as current                              | tly filed with the Florida Dept: of State) E. FLORIDA  |  |  |
| 24000016309  |  |  |  |  |
|  | (Document Number                                       | of Corporation (if known)  |  |  |
| ursuant to the provisions of section 607 s Articles of Incorporation:  | .1006, Florida Statutes, this                          | s Florida Profit Corporation adopts the following amendment(s  |  |  |
| . If amending name, enter the new n  | ame of the corporation:                                |  |  |  |
|  |  | The new  |  |  |
| ame must he distinguishable and contain<br>Inc.," or Co.," or the designation "Cochartered," "professional association," | Corp." "Inc," or "Co".                                 | "company," or "incorporated" or the abbreviation "Corp.,"  A professional corporation name must contain the word |  |  |
| •  |  | 2374 WHILE LILLY DR  |  |  |
| . Enter new principal office address,<br>Principal office address <u>MUST BE A S</u>                                     |  | KISSIMMEE, FL 34747  |  |  |
|  |  |  |  |  |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)                                  |  | 2374 WHILE LILLY DR  |  |  |
| (Maning address MATT DE IT SAST  | <u>0.1102231</u>                                       | KISSIMMEE, FL 34747  |  |  |
| . If amending the registered agent as<br>new registered agent and/or the ne  |  | dress in Florida, enter the name of the  |  |  |
| Name of New Registered Agent   |  |  |  |  |
| rume of fresh riegistaring riges.  | 2374 WHILE LILLY DR                                    |  |  |  |
|  | (Florida si  | treet address)   |  |  |
| 100 11   | KISSIMMEE  | Florida 3474   |  |  |
| New Registered Office Address:   |  | (City) (Zip Code)  |  |  |
| lew Registered Agent's Signature, if c<br>hereby accept the appointment as regis   | thanging Registered Agen<br>tered agent. I um familiar | t: with and accept the obligations of the position.  |  |  |
|  | Signature of New I                                     | Registered Agent, if changing  |  |  |
| Check if applicable  ☐ The amendment(s) is/are being filed p   | oursuant to s. 607.0120 (11)                           | (e), F.S.  |  |  |

Example:

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.

| X Change                      | PT        | John Do      | <u>oe</u>          |                     |  |  |
|-------------------------------|-----------|--------------|--------------------|---------------------|--|--|
| X Remove                      | <u>Y</u>  | Mike Jones   |                    |                     |  |  |
| X Add                         | <u>sv</u> | Sally Sr     | <u>nith</u>        |                     |  |  |
| Type of Action<br>(Check One) | Title     |              | Name               | <u>Addres</u> s     |  |  |
| 1) X Change                   | P         | _            | FERREIRA, FERNANDO | 2374 WHILE LILLY DR |  |  |
| Add                           |           | <b></b>      |                    | KISSIMMEE, FL 34747 |  |  |
| Remove                        |           |              |                    |                     |  |  |
| 2) Change                     |           | _            |                    |                     |  |  |
| Add                           |           |              |                    |                     |  |  |
| Remove 3) Change              |           | <del></del>  |                    |                     |  |  |
| Add                           |           |              |                    |                     |  |  |
| Remove                        |           |              |                    |                     |  |  |
| 4) Change                     |           | _            |                    |                     |  |  |
| Add                           |           |              |                    |                     |  |  |
| Remove                        |           |              |                    |                     |  |  |
| 5) Change                     |           | <del>-</del> |                    |                     |  |  |
| Add                           |           |              |                    |                     |  |  |
| Remove                        |           |              |                    |                     |  |  |
| の Change                      |           | _            |                    |                     |  |  |
| Add                           |           |              |                    |                     |  |  |
| Remove                        |           |              |                    |                     |  |  |

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|  | os for an exchense re- | classification as es | ncellation of Issued | cha res   |             |
| an amendment provid  | nting the amendment i  | if not contained in  | the amendment itsel  | <u>f:</u> |             |
| an amendment provid  |                        |                      |                      |           |             |
| an amendment providerovisions for implement (if not applicable, inc        | dicate N/A)            |                      |                      |           |             |
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| rovisions for implemen   | dicate N/A)            |                      |                      |           |             |
| an amendment provide<br>provisions for implemen<br>(if not applicable, ind | dicate N/A)            |                      |                      |           |             |

| The date of each amendment(s) adoption of the date of each amendment(s) adoption of the date of each amendment (s) adoption of the date of the date of each amendment (s) adoption of the date of the dat | otion:   | , if other than the                 |
|--|--|-------------------------------------|
| date this document was signed.   |  |                                     |
| Effective date if applicable:  |  |                                     |
|  | (no more than 90 days after amendment file date)   |                                     |
| Note: If the date inserted in this bloc<br>document's effective date on the Depa   | k does not meet the applicable statutory filing requirements, rtment of State's records.   | this date will not be listed as the |
| Adoption of Amendment(s)   | (CHECK ONE)  |                                     |
| ☐ The amendment(s) was/were adopte action was not required.  | ed by the incorporators, or board of directors without sharehold   | der action and shareholder          |
| The amendment(s) was/were adopted<br>by the shareholders was/were suffice  | ed by the shareholders. The number of votes cast for the amendent for approval.  | dment(s)                            |
|  | ved by the shareholders through voting groups. The following ch voting group entitled to vote separately on the amendment(                 |                                     |
| "The number of votes cast for  | the amendment(s) was/were sufficient for approval  | TALLAHASSEE, FLORID                 |
| by   | (voting group)   | 量量刊                                 |
|  | (voting group)   |                                     |
|  |  | F/SS = 177                          |
| Dated  | 5/14/24  | 700 70                              |
|  | Lan o  | ين ج                                |
| Signature  | July 1   |                                     |
|  | etor, president or other officer – if directors or officers have no<br>ey an incorporator – if in the hands of a receiver, trustee, or oth | er court                            |
|  | fiduciary by that fiduciary)   | ,                                   |
|  | Feed mole Flaccico   |                                     |
| _  | Ternando terreira (Typed or printed name of person signing)  |                                     |
|  | (1) year of primes arms or person organing,  |                                     |
|  | <u> </u>   |                                     |
|  | (Title of person signing)  |                                     |