## 

(Re	equestor's Name)	
(Ad	ldress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	<del>:</del> #)
PICK-UP	WAIT	MAIL
(Bu	ısiness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



000264720500

10/02/14--01019--004 \*\*43.75

THAT I SHE THE SECOND S

Manuch Ras

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPOR	ATION: Econo Ac	counting & Ta	ax Scvs Inc
	P93000060		
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this ma	tter to the following:	
	Annmarie C E	Belanger	
	Ethical Busine	Name of Contact Person	•
	P O Box 245	Firm/ Company 872	
	Pembroke Pi	nes FL 330	24-0114
		City/ State and Zip Cod	e
	econoact@att.r		
	E-mail address: (to be us	sed for future annual report	notification)
For further information	n concerning this matter, pleas	se call:	
Annmarie	C Belanger	at ( 954	, 893 - 0401
Name o	of Contact Person		de & Daytime Telephone Number
Enclosed is a check fo	r the following amount made	payable to the Florida Depa	artment 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)
Ame Divi P.O.	ling Address Endment Section Sion of Corporations Box 6327 Shassee, FL 32314	Amend Divisio Clifton	Address Iment Section on of Corporations Building Executive Center Circle

Tallahassee, FL 32301

## **Articles of Amendment Articles of Incorporation**

## Econo Accounting & Tax Services Inc

(Name of Corporation as currently filed with the Florida Dept. of State) P93000060326

(Document Number of Corporation (if known)

If amending name, enter the new name o Ethical Busin		x Services Inc		The	new
me must be distinguishable and contain to Corp.," "Inc.," or Co.," or the designation	"Corp," "Inc," or "Co	". A professional corporation			
ord "chartered," "professional association,"  Enter new principal office address, if apprincipal office address, if apprincipal office address MUST BE A STREE	olicable:	N/A		_	
				70 PC	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		N/A		1-2	4 CF 196
					71.1. 74.6. 12.4
. If amending the registered agent and/or		s in Florida, enter the name	of the	_ <del>ဟ</del> _ ဘ	1 44
new registered agent and/or the new regi	istered office address:				
Name of New Registered Agent	N/A				
<del></del> .	(Florida streci	address)			
New Registered Office Address:		. Florida			
New Registered Office Address.	(City)	, Flotida	(Zip Code)	_	

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	PT	John Do	<u>e</u>	NIF	1
X Remove	<u>v</u>	Mike Jo	nes	Mir	1
X Add	<u>sv</u>	Sally Sn	<u>nith</u>		
Type of Action (Check One)	<u>Title</u>		Name		<u>Addres</u> s
1) Change				_	
Add					
Remove					
2) Change		_			
Add					
Remove					
3) Change				_	
Add					
Remove					
4) Change		_		_	
Add					
Remove					
5) Change	4	_		<del>_</del>	
Add					
Remove					
6) Change					
Add				<del></del>	
Remove					
Kemove					

	heets, if necessary).    (Be N/A	s apoogles		
	1 107 1			
			<del></del>	
·				·····
			<del></del>	·
	<del> </del>			
· · · · · · · · · · · · · · · · · · ·				
				<del></del>
<del></del>				
n amendment	provides for an exchang	e, reclassification	i, or cancellation	of issued shares,
ovisions for im if not applica	plementing the amendmable, indicate N/A)	<u>ent ii not contaii</u>	ned in the amend	ment itselt:
	N/A			
<del></del>				<del></del>
		<del></del>		
	<del></del>		<del> </del>	
	<del></del>			·

The date of each amendment(s) as date this document was signed.	loption: October 1, 2014	, if other than the
Effective date if applicable:	October 1, 2014	
effective date <u>it applicable</u> :	(no more than 90 days after amendment file date)	<del></del>
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes cast for the amendment(s) flicient for approval.	
	proved by the shareholders through voting groups. The following statement 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 addaction was not required.	pted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were add action was not required.	pted by the incorporators without shareholder action and shareholder	
Dated Octol	per 1, 2014	
Signature	alluott	
	irector, president or other officer – if directors or officers have not been	
	d, by an incorporator – if in the hands of a receiver, trustee, or other court ted fiduciary by that fiduciary)	
	Annmarie Elliott	
	(Typed or printed name of person signing)	<del></del>
	President	
	(Title of person signing)	