P93000060326

(Re	equestor's Name)	
(Ad	dress)	
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(Cit	ry/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	





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10/22/15--01020--005 **35.00



OCT 2 3 2015 C McNAIR

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: ETHICAL BUSIN	ESS AND TAX SERVICE	S INC				
DOCUMENT NUME	P93000060326						
The enclosed Articles	of Amendment and fee are su	bmitted for filing.		4/3			
Please return all corres	spondence concerning this ma	tter to the following:					
	ANNMARIE C BELANGER	L.					
		Name of Contact Person	1	_			
	ECONO ACCOUNTING & TAX SERVICES INC						
	Firm/ Company						
	P O BOX 245872						
		Address		_			
	PEMBROKE PINES, FLORI	IDA 33024-0114					
		City/ State and Zip Code	e	_			
acon	oact@att.net						
		sed for future annual report	notification)				
	D man address. (to be at	ou to tuture amman report	,				
For further information	n concerning this matter, pleas	se call:					
ANNMARIE C BELA	ANGER	at (893-0401				
Name	of Contact Person		de & Daytime Telephone Numb	er			
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	□\$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		Street Address Amendment Section Division of Corporations Clifton Building					

Tallahassee, FL 32314

2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment Articles of Incorporation of



(Name of Corporation as currently filed with the Florida Dept. of State) P93000060326 (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: ECONO ACCOUNTING AND TAX SERVICES INC 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." 3600 S STATE ROAD 7, SUITE 329 B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) MIRAMAR FLORIDA 33023 C. Enter new mailing address, if applicable: N/A (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:

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

(City)

(Zip Code)

address of each Officer (Attach additional sheets Please note the officer/di P = President; V= Vice Executive Officer; CFO held. President, Treasure Changes should be noted	and/or I i, if neces irector tit Presiden Chief cr, Direct in the fo	Director being added: sary) le by the first letter of the office title t; T≈ Treasurer; S= Secretary; D= Financial Officer. If an officer/dir or would be PTD. llowing manner. Currently John D orporation, Sally Smith is named to	e: = Director; TR= Trus ector holds more tha ooe is listed as the PS'	rector being removed and title, name, and stee; C = Chairman or Clerk; CEO = Chief in one title, list the first letter of each office T and Mike Jones is listed as the V. There is huld be noted as John Doe, PT as a Change,
X Change	<u>PT</u>	John Doc		
X Remove	<u>V</u>	Mike Jones		
X Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>		Address
1) X Change	P/T	ANNMARIE C BELAN	GER F	O BOX 245872
Add			F -	PEMBROKE PINES FL 33024-011
Remove			_	
2) Change				
Add	•			
Remove			_	
3) Change				
Add			_	
Remove				
4) Change				
Add				<u> </u>
Remove			_	
			_	
5) Change				
Add			_	
Remove			_	
6) Change				
Add			_	

_ Remove

	<mark>adding additi</mark> I sheets, if ned	cessary). (I	Be specific)				
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OCTOBER 1, 2015	
The date of each amendment(s) adoption:	, if other than the
date this document was signed.	•
OCTOBER 1, 2015	
Effective date if applicable: (no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, document's effective date on the Department of State's records.	this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amen by the shareholders was/were sufficient for approval.	dment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following must be separately provided for each voting group entitled to vote separately on the amendment	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by	
by	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and sha action was not required.	ıreholder
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	older
OCTOBER 15, 2015 Dated	
Signature Co Belowce	
(By a director, president or other officer – if directors or officers have no selected, by an incorporator – if in the hands of a receiver, trustee, or other	
appointed fiduciary by that fiduciary)	ier court
ANNMARIE C BELANGER	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	