# P93000076064

| (Re                     | questor's Name)    |   |
|-------------------------|--------------------|---|
| (Ad                     | dress)             | - · · · · · · · · · · · · · · · · · · · |
| (Ad                     | dress)             |   |
| (Cit                    | ty/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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Office Use Only



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#### **COVER LETTER**

**TO:** Amendment Section Division of Corporations

| NAME OF CORPOR  | CAMPBELL<br>P9300076                        | 'S INCOME TAX  | SERVICE, INC   |  |  |
|---|---|--|--|--|--|
| The enclosed Articles   | of Amendment and fee are su                 | bmitted for filing.  |  |  |  |
| Please return all corres  | pondence concerning this ma                 | tter to the following:   |  |  |  |
|   | UDE   | ELL C CAMPE  | BELL   |  |  |
| •   | Name of Contact Person                      |  |  |  |  |
|   | CAMPBELL'S INCOME TAX SERVICE, INC          |  |  |  |  |
|   | Firm/ Company                               |  |  |  |  |
| _   | 354 NE 167TH STREET                         |  |  |  |  |
|   |   | Address  |  |  |  |
| -   | NORTH MIAM                                  |  |  |  |  |
|   |   | City/ State and Zip Cod  | e  |  |  |
| CA  | MPBELLSING<br>E-mail address: (to be us     | OMETAX1@N<br>sed for future annual report                          |  |  |  |
| For further information concerning this matter, please call:                                  |   |  |  |  |  |
| UDELL C C   | AMPBELL                                     | at (305  | 948-3899   |  |  |
| Name o  | f Contact Person                            | Area Co  | de & 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 | □\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | ☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) |  |  |
| Mail  | ing Address                                 | Street   | Address  |  |  |

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

## CAMPBELL'S INCOME TAX SERVICE, INC

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

#### P93000076064

|   |  | •                                       |
|---|--|---|
| A. If amending name, enter the new name of t  | he corporation:  |   |
|   |  | The new                                 |
| name must be distinguishable and contain the "Corp.," "Inc.," or Co.," or the designation "word "chartered," "professional association," o              | word "corporation," "company," or "incorporated"<br>Corp," "Inc," or "Co". A professional corporation n<br>r the abbreviation "P.A." | or the abbreviation of must contain the |
| B. Enter new principal office address, if appli<br>(Principal office address <u>MUST BE A STREET</u>  |  | <del></del>                             |
| C. Enter new mailing address, if applicable:  |  | ···                                     |
| (Mailing address MAY BE A POST OFFIC  | <i>E BOX</i> )   | <del></del>                             |
|   |  |   |
| D. If amending the registered agent and/or re   | gistered office address in Florida, enter the name of t  | he                                      |
| D. If amending the registered agent and/or re<br>new registered agent and/or the new regist   | gistered office address in Florida, enter the name of the ered office address:   | <u>he</u>                               |
| new registered agent and/or the new regist  |  | <u>he</u>                               |
| new registered agent and/or the new regist  | ered office address:   | <u>he</u>                               |
| new registered agent and/or the new regist  | ered office address:   | <u>he</u>                               |
| new registered agent and/or the new regist  Name of New Registered Agent  | ered office address:  (Florida street address) , Florida   | he<br>ip Code)                          |
| new registered agent and/or the new regist  Name of New Registered Agent  New Registered Office Address:  | (Florida street address) , Florida, (City)   |   |
| new registered agent and/or the new regist  Name of New Registered Agent  New Registered Office Address:  New Registered Agent's Signature, if changing | (Florida street address) , Florida, (City)   | ip Code)                                |

2013 JUL 18 PH 2: 05

Page 1 of 4

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                   | <u>PT</u> <u>Joh</u> | n Doe               |  |
|----------------------------|----------------------|---------------------|--|
| X Remove                   | <u>V</u> <u>Mil</u>  | ke Jones            |  |
| X Add                      | SV Sal               | ly Smith            |  |
| Type of Action (Check One) | <u>Title</u>         | Name                | <u>Addres</u> s  |
| 1) Change                  | D                    | CLARENCE C CAMPBELL | 15760 NE 15TH COURT  |
| Add                        |                      |                     | NORTH MIAMI BEACH  |
| X Remove                   |                      |                     | FLORIDA 33162  |
| 2) Change                  | D                    | NATASHA N CAMPBELL  | 15760 NE 15TH COURT  |
| Add                        |                      |                     | NORTH MIAMI BEACH  |
| X                          |                      |                     | FLORIDA 33162  |
| 3) Change                  | DV                   | JUNA G LEWIS        | 15760 NE 15TH COURT  |
| Add                        |                      |                     | NORTH MIAMI BEACH  |
| X Remove                   |                      |                     | FLORIDA 33162  |
| 4) Change                  |                      |                     |  |
| Add                        |                      |                     |  |
| Remove                     |                      |                     |  |
| 5) Change                  |                      |                     |  |
| Adđ                        |                      |                     |  |
| Remove                     |                      |                     | MATTER AND ADMINISTRATION OF THE PARTY OF TH |
| 6) Change                  |                      | W                   |  |
| Add                        |                      |                     | ·  |
| Remove                     |                      |                     |  |

| ttach additional sheets, if necessary). | (Be specific)  |
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| f an amendment provides for an exch     | nange, reclassification, or cancellation of issued shares, |
| provisions for implementing the ame     | ndment if not contained in the amendment itself:           |
| (if not applicable, indicate N/A)       |  |
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| The date of each amendment(s) ac                                | loption: JULY U1, 2013  | , if other than the |
|---|---|---------------------|
| date this document was signed.  Effective date if applicable:   | JULY 01, 2013   |                     |
|   | (no more than 90 days after amendment file date)  | 100-                |
| Adoption of Amendment(s)  | ( <u>CHECK ONE</u> )  |                     |
| ■ The amendment(s) was/were ado by the shareholders was/were su | pted by the shareholders. The number of votes cast for the amendment(s) fficient for approval.  |                     |
|   | roved 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 ado action was not required.        | pted by the board of directors without shareholder action and shareholder   |                     |
| ☐ The amendment(s) was/were ado action was not required.        | pted by the incorporators without shareholder action and shareholder  |                     |
| Dated JUL'  | Y 15, 2013  |                     |
| Signature   | Well of Collections of Officer - if directors or officers have not been   |                     |
| selected  | I, by an incorporator – if in the hands of a receiver, trustee, or other court ed fiduciary by that fiduciary)                              |                     |
|   | UDELL C CAMPBELL  |                     |
| •   | (Typed or printed name of person signing)   |                     |
|   | PRESIDENT   |                     |
|   | (Title of person signing)   |                     |