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## **COVER LETTER**

**TO:** Amendment Section

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

Division of Corporations
NAME OF CORPORATION: BILLS INCOUNTS INC
DOCUMENT NUMBER: PHULLET 74391
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Name of Contact Person  Control of Contact Person  Firm/ Company.)  Address  City/ State and Zip Code  City/ State and Zip Code  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee Certificate of Status  Certificate of Status  Certified Copy (Additional copy is enclosed)  \$43.75 Filing Fee & Certificate of Status  Certified Copy (Additional Copy is enclosed)
Mailing AddressStreet AddressAmendment SectionAmendment Section

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Clifton Building

## Articles of Amendment to Articles of Incorporation

Blue Tolograpos INIA	1	
Mana of Comparation as current	tly filed with the Florida Dept. of S	tata)
PALICON 71:591	try med with the Plot da Dept. of 3	iate)
(Document Number of	of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	s Florida Profit Corporation adopts t	the following amendment(s) to
A. If amending name, enter the new name of the corporation:		The new :
name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation i	or the abbreviation :
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	— N/A	
C. Enter new mailing address, if applicable:		
(Mailing address <u>MAY BE A POST OFFICE BOX</u> )		
D. If amending the registered agent and/or registered office address registered agent and/or the new registered office address		<u>the</u>
Name of New Registered Agent HIJAN J	MCC	
(Florida si	treet address)	<del></del>
New Registered Office Address:	, Flori	ida (Zip Code)
New Registered Agent's Signature, if changing Registered Agen	,	
I hereby accept the appointment as registered agent. I am familiar	with and accept the obligations of th	e position.
Signatury of New	Registered Agent, if changing	<del></del>

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	<u>PT</u> John	n Doe	
X Remove	<u>V</u> <u>Mik</u>	e Jones	
_X Add	SV Sall	y Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) X Change	CEO	hichard L Hearse	1400 NITH OF DE HUDER
Add			GAINE FI
Remove			<u>.321cC1</u>
2) Change	(ITC)	hyan   hearec	1485 NU (111 15)
X_ Add		J	BUG D DIC III
Remove 3) Change		Shiel haid L Mexico	Charastile 11 2001
Add	<del></del>		MC D DE HO
Remove			CHAINKONING II 'SKIKI
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Attach additional sheets, if necessary).	ticles, enter change(s) here:  (Be specific)
	N /
	1 1 / 1
	/ A
·	
	<del></del>
an amendment provides for an exch	hange, reclassification, or cancellation of issued shares,
rovisions for implementing the ame	endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
(if not applicable, indicate N/A)	
(if not applicable, indicate N/A)	N/-1
(if not applicable, indicate N/A)	7\/-1
(if not applicable, indicate N/A)	7\/-1
(if not applicable, indicate N/A)	7/-1
(if not applicable, indicate N/A)	W-1
(if not applicable, indicate N/A)	W-1
(if not applicable, indicate N/A)	W-1
(if not applicable, indicate N/A)	W-1
(if not applicable, indicate N/A)	W-1
(if not applicable, indicate N/A)	W-1

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:	
(no more than 90 days after amendment file date)	
<b>Note:</b> If the date inserted in this block does not meet the applicable statutory filing requirements, this date w document's effective date on the Department of State's records.	vill 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 amendment(s) by the shareholders was/were sufficient for approval.	
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for 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)	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated	
Signature	<del></del> -
selected, by an incorporator – if in the hands of a receiver, trustee, or other court	
appointed fiduciary by that fiduciary)	
(Typed or printed name of person signing)	
[Typed or printed name of person signing)	
CEĆ	

(Title of person signing)