P910000000516

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DIVISION OF CURPURATIONS

Amend (CC)

COVER LETTER

TO: Amendment Section

Mailing Address

P.O. Box 6327

Amendment Section

Division of Corporations

Tallahassee, FL 32314

Division of Corporations NAME OF CORPORATION: 7000060516 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: For further information concerning this matter, please call: 11 Ams at (954) 394-9832 (Area Code & 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 & \$43.75 Filing Fee & \$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed)

Street Address

Clifton Building

Amendment Section

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Articles of Amendment to Articles of Incorporation

01	9				
TAX First inc.	َ مِح`				
(Name of Corporation as currently filed with the Florida Dept. of State)					
897000060516	O.				
(Document Number of Corporation (if known)					
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts t following amendment(s) to its Articles of Incorporation:	the				
A. If amending name, enter the new name of the corporation:					
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."					
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Switz # 202 WARGATE 33	.as. 8do				
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) Lexalative Company Lexalative Compan	334 334				
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:					
New Registered Office Address: (Florida street address)					
(City), Florida, Florida					
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 position.	the				

Signature of New Registered Agent, if changing

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)

, 1	<u> Name</u>	Address	Type of Action
16	resignt. VAlerie N. EBA	NKS 12860 N.51	Add Remove
brsi	resident. Valerie N. EBA	N 15248 60Th 10 LOXBHATCHES FL 33470	Add Remove
-			Add Remove
]	E. If amending or adding additional Articles, ent (attach additional sheets, if necessary). (Be specified)		·
		•	·
-			
	F. If an amendment provides for an exchange, r	radassification or cancellation o	efisquad charge
4	provisions for implementing the amendment (if not applicable, indicate N/A)		
-			
-			
-	· · · · · · · · · · · · · · · · · · ·		

The date of each amendment(s) adoption: 2/20/09 Effective date if applicable:				
Adoption of Amendment(s)	(CHECK ONE)			
The amendment(s) was/were ac by the shareholders was/were s	dopted by the shareholders. The number of votes cast for the amendment(s) ufficient for approval.			
	oproved 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	ting group)			
(vo	ting group)			
The amendment(s) was/were action was not required.	dopted by the board of directors without shareholder action and shareholder			
The amendment(s) was/were action was not required.	dopted by the incorporators without shareholder action and shareholder			
Dated	20/09			
Signature	ungiton Williams			
	irector, president or other officer – if directors or officers have not been I, by an incorporator – if in the hands of a receiver, trustee, or other court			
	ed fiduciary by that fiduciary)			
· · · · · · · · · · · · · · · · · · ·	Livingston Williams			
•	(Typed or printed name of person signing)			
	Lossissis			
-	(Title of person signing)			