(Re	equestor's Name)	
(Ad	ldress)	
	dress)	
(Cit	ty/State/Zip/Phone	<b>≥</b> #)
PICK-UP	☐ WAIT	MAIL MAIL
(Bı	ısiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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Amend + Name Change

SEP 13 2012 T. CAULEY

#### **COVER LETTER**

Division of Corporations ounting Bookkeeping , Tax Service Inc The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: City/State and Zip Code For further information concerning this matter, please call: Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee □\$43.75 Filing Fee & □\$52.50 Filing Fee □\$43.75 Filing Fee & Certificate of Status Certificate of Status Certified Copy (Additional copy is Certified Copy (Additional Copy enclosed)

### **Mailing Address**

TO: Amendment Section

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

# Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

is enclosed)

FILED SECRETARY OF STATE TALLAMASSES FLORIDA

## Articles of Amendment to Articles of Incorporation of

12 SEP 10 AM 11:31

L+ L Accounting Bookke	CPING +TOX Serve Inc.
(Name of Corporation as currently filed with the F	
P97000074574	· ·
(Document Number of Corporation (i	f known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	·
Idea Mitalson Accounts 3	201/ Verning of The Silve Inc
name must be distinguishable and contain the word "copporatio" "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "word "churtered," "professional association," or the abbreviation	Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u> )	118 Country Club Drive Titusville, FC 32780
	<u> </u>
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	118 Country Club Drive Titusville FL 32780
	Titusville FL 32 180
D. If amending the registered agent and/or registered office add new registered agent and/or the new registered office address	
Name of New Registered Agent	
(Florida st	reet address)
New Registered Office Address:	_, Florida
(City)	
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familiar	
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)

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 Doe		NR
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) Change		_ <del></del>	<del></del>	
Add				
Remove				
2) Change		<u> </u>		
Add				
Remove				
3) Change				
Add				
Remove				
4)Change	···	_		
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add				
Remove				



	litional sheets, if necess	ary). (Be specific	;)		
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<u>f an ame</u>	ndment provides for a ns for implementing th	n exchange, reclas	sification, or cance	llation of issued sha	res,
if no	ot applicable, indicate l	<i>V/A</i> )	or contained in the a	imenament itsen.	
		•			
			<u>-</u> .		
<u>-</u>					<u> </u>

The date of each amendment(s) adoption: Sept 1 2012
Effective date if applicable: Sept 1, 20/2  (no more than 90 days after amendment file date)
(no more than 90 days after amendment file date)
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
☐ 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 9.777
Signature  (By a director, president or other officer – if directors or officers have not been 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)
VD - Vice Director (Title of person signing)