## P99000013778

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bA)	dress)	
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## COVER LETTER

TO: Amendment Section

Division of Corporations .

NAME OF COMBON	ATION: Accounting & Tax	Educators Inc	
	ER:		
The enclosed Articles of	of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this ma	Her to the following:	
	William R Loy		
		Name of Contact Persor	· -
-		Firm/ Company	
· -	4720 Davisson Ave		
ı	Orlando Fl 32804	Address	
-		City/ State and Zip Code	2
:	randytax@gmail.com		
-	E-mail address: (to be us	sed for future annual report	notification)
For further information	concerning this matter, pleas	se call:	
William R Loy		at ( <u>40</u> 7	522-2965
Name of Contact Person			de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:
S35 Filing Fee	S43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Ame Divis P.O.	ing Address indment Section sion of Corporations Box 6327 hassee, FL 32314	Amend Divisio The Co	Address ment Section n of Corporations entre of Tallahassee S. Monroe Street, Suite 810

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

Accounting & Tax Educators Inc

(Name of Corporation as of	energy flad with the Fl	lorida Dant of State)	
P99000013778	Carrenty med with the 11	orida ixpt. or orace)	
(Document No	umber of Corporation (if k	nown)	
Pursuant to the provisions of section 607.1006, Florida Statutits Articles of Incorporation:	tes, this <i>Florida Profit Cor</i>	poration adopts the following	g amendment(s)
A. If amending name, enter the new name of the corpora	ition:		
name must be distinguishable and contain the word "corpora "Inc.," or Co.," or the designation "Corp," "Inc." or " "chartered," "professional association," or the abbreviation	Co". A professional cor	orporated" or the abbreviation	
B. Enter new principal office address, if applicable:			
(Principal office address <u>MUST BE A STREET ADDRESS</u>	Σ)		
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 off new registered agent and/or the new registered office  Name of New Registered Agent			
(F)	lorida street address)		
New Registered Office Address:	(City)	, Florida <u>(Zip C</u>	ode)
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am fo			
Check if applicable  ☐ The amendment(s) is/are being filed pursuant to s. 607.01	20 (11) (e), F.S.		

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)

Example:

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	PT	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) X Change	PD	William R Loy	4720 DAVISSON AVE
Add			ORIANDO, FL 32804
Remove 2) x Change	VSTD	Sheri I. Masonheimer-Loy	4720 DAVISSON AVC
Add	<del></del>		ORLAND, FL 3280
Remove 3 ) Change			
Add			
Remove			
4) Change			
Add Remove			
5) Change			
Add			
Remove			
6) Change		_	
Add			
Remove			

If amending or adding additional Arti (Attach additional sheets, if necessary).	(Be specific)	
	· · · · · · · · · · · · · · · · · · ·	
	·	
		<u> </u>
	· · · · · · · · · · · · · · · · · · ·	
If an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate N/A)	ange, reclassification, or cancellation of issued adment if not contained in the amendment its	<u>d shares,</u> elf:
	<del></del>	
		,

	08/25/2020	
The date of each amendmedate this document was sign	ent(s) adoption:	, if other than
Effective date if applicable	::	
<del></del>	(no more than 90 days after amendment file date)	
	in this block does not meet the applicable statutory filing requirements in the Department of State's records.	, this date will not be listed as
Adoption of Amendment(	s) ( <u>CHECK ONE</u> )	
The amendment(s) was/action was not required.	were adopted by the incorporators, or board of directors without shareho	der action and shareholder
	were adopted by the shareholders. The number of votes cast for the ame/were sufficient for approval.	ndment(s)
	were approved by the shareholders through voting groups. The following ided for each voting group entitled to vote separately on the amendment	
"The number of ve	stes cast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
	25/2020	
C:	Working Lag	
Signature	(By a director, president or other officer – if directors or officers have n selected, by an incorporator – if in the hands of a receiver, trustee, or ot appointed fiduciary by that fiduciary)	ot been her court
	William R Loy	
	(Typed or printed name of person signing)	
	Director - President	
	(Title of person signing)	

the

the