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| (Re | questor's Name) | <u> </u> |
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| PICK-UP | ☐ WAIT | MAIL |
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COVER LETTER

TO: Amendment Section Division of Corporations

| NAME OF CORPORATION: PROFES | SIONAL ACCOUNTING GF | ROUP, INC |
|--|---|---|
| DOCUMENT NUMBER: <u>P99000075294</u> | | |
| The enclosed Articles of Amendment and fee | are submitted for filing. | |
| Please return all correspondence concerning the | nis matter to the following: | |
| Maria E. Pestano | | |
| Name | of Contact Person | |
| | irın/ Company | · · · · · · |
| 7758 NW 44 ST | | |
| | Address | |
| SUNRISE, FLORIDA City/ S | 33351 State and Zip Code | |
| maria.pestano@bssnu E-mail address: (to be use | Sa.com ed for future annual report notification) | |
| For further information concerning this matter, | , please call: | |
| Maria E. Pestano | at (954) 578-0016 | |
| Name of Contact Person | Area Code & Daytime Teleph | one Number |
| Enclosed is a check for the following amount r | nade payable to the Florida Departmo | ent of State: |
| \$35 Filing Fee \$43.75 Filing Fee & Certificate of Status | \$43.75 Filing Fce & Certified Copy (Additional copy is enclosed) | \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) |
| Mailing Address 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 | |

Articles of Amendment to Articles of Incorporation of

PROFESSIONAL ACCOUNTING GROUP INC

| (Name of Cor | poration as currently filed with the Florida Dept. of State) |
|--------------|--|
| P99000075294 | |
| | (Document Number of Corporation (if known) |

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

| The new name must be distinguishable "incorporated" or the abbreviation "Corp., "Co". A professional corporation non association," or the abbreviation "P.A." | " "Inc.," or Co.," or the de | signation "Corp," "Inc," or |
|---|------------------------------|--|
| B. Enter new principal office address, if ap (Principal office address <u>MUST BE A STRE</u> | | Acceptance of the second secon |
| C. <u>Enter new mailing address, if applicables (Mailing address MAY BE A POST OFF</u> | | NOV 14 PM 2: 01 AHASSEE, FLORIDA |
| D. If amending the registered agent and/or new registered agent and/or the new reg | | Clorida, enter the name of the |
| Name of New Registered Agent: New Registered Office Address: | (Florida street ada | lress) |
| | (City) | , Florida (Zip Code) |

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 the position.

Signature of New Registered Agent, if changing

If AMENDING the Officers and/or Directors, please list all officers/directors of the corporation as you now want the record to be. Please indicate the title(s), name and address for each officer/director.

(Our database can index up to 6 officers/directors. If you have more than 6 officers/directors, please list them

on an additional sheet.)

| Title(s) | <u>Name</u> | | Address | |
|----------------------|--|-----------------------|------------------------|--|
| 1 <u>)</u> P | Maria E. Pestano | 7758 N | NW 44 ST | |
| / | | SUNRISE | F, FLORIDA 33351 | |
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| 2) | | | | |
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| 3) | ************************************** | | | |
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| If REMOVING removed: | an officer and/or director, pleas | e list the title(s) a | nd name of the officer | r/director to be |
| Title(s) | Name | Title(s) | <u>Name</u> | |
| 1) <u>P</u> | Giovanni A. Pestano | 4) | | |
| 2) | | 5) | | |
| 3) | | 6) | | |

| (a <i>ttach ada</i> | itional sheets | s, if necessary). | (Be specific) | | | |
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| The date of each amendment | (s) adoption: 1/- 9-2018 (date of adoption - required) |
|--|--|
| Effective date if applicable: | (date of adoption - required) |
| inective date ir annicane. | (no more than 90 days after amendment file date) |
| Adoption of Amendment(s) | (CHECK ONE) |
| The amendment(s) was/we by the shareholders was/we | re adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval. |
| The amendment(s) was/we must be separately provide | re approved by the shareholders through voting groups. The following statemend 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) |
| The amendment(s) was/wer action was not required. | e adopted by the board of directors without shareholder action and shareholder |
| The amendment(s) was/wer action was not required. | e adopted by the incorporators without shareholder action and shareholder |
| Dated | a director, president or other officer — if directors or officers have not been |
| Signature | Maui Em D |
| sele | a director, president or other officer—if directors or officers have not been cted, by an incorporator—if in the hands of a receiver, trustee, or other court pointed fiduciary by that fiduciary) |
| | MARIA E.PESTANO |
| | (Typed or printed name of person signing) |
| | PRESIDENT |
| | (Title of person signing) |