611377

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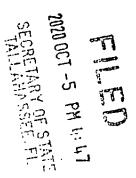
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TO: Amendment Section Division of Corporations

NAME OF CORPO	Mr. Tax, Inc.		
DOCUMENT NUM	BER: S11377		
	of Amendment and fee are su	ibmitted for filing.	
Please return all corre	espondence concerning this ma	itter to the following:	
	Gary M. Fernald		
		Name of Contact Perso	n
	Thompson & Fernald, PA		
		Firm/ Company	
	611 Druid Road E., Ste 70	• •	
		Address	
	Clearwater, FL 33756		
		City/ State and Zip Cod	e
	gf@thompsonfernald.com		
	E-mail address: (to be us	sed for future annual report	notification)
For further informatio	on concerning this matter, pleas	se call:	
Gary M. Fernald	_	at (de & Daytime Telephone Number
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check fo	or the following amount made	payable to the Florida Depa	artment of State:
\$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & 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 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation

FILED

Mr. Tax, Inc.			2020 OCT -5 PM 4: 47	
(Name	of Corporation as curr	ently filed with the Florida De	ept. of State)	
S11377			SECRETARY OF STATE	
	(Document Numb	er of Corporation (if known)	- IMPLACE SEE SE	
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, t	this Florida Profit Corporation	adopts the following amendment(s) to	
A. If amending name, enter the new n	ame of the corporation	<u>i</u>		
	<u> </u>	<u> </u>	The new	
name must be distinguishable and contain "Inc.," or Co.," or the designation "("chartered," "professional association,	Corp," "Inc," or "Co"	. A professional corporation	I" or the abbreviation "Corp.," name must contain the word	
B. Enter new principal office address,		N/A		
(Principal office address MUST BE A S	(TREET ADDRESS)			
C. Enter new mailing address, if appl		611 Druid Road E.		
(Mailing address <u>MAY BE A POST</u>	OFFICE BOX)			
		Suite 705 ————————————————————————————————————		
		Clearwater, FL 33756		
D. I.E. H. J.				
D. If amending the registered agent an new registered agent and/or the ne			ame of the	
-	Gary M. Fernald	1.5.5.74		
<u>Name of New Registered Agent</u>				
	611 Druid Road E., S			
	•	a street address)		
New Registered Office Address:	Clearwater		, Florida	
		(City)	(Zip Code)	
New Registered Agent's Signature, if c	de a carlos - Doubletono de A			
I hereby accept the appointment as regist	nanging Registered Ag tered agent. I am famili	ent: ar with and accept the obligation	ons of the position.	
•		^		
\^a	Un Jen			
	Signature of Nev	w Registered Agent, if changing		
Check if applicable	ℓ			
The amendment(s) is/are being filed p	ursuant to s. 607.0120 (1	1) (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	<u>PT</u>	John Doe	
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
I) Change	PD	Paul Del Monte	1311 Missouri Ave. S.
Add		· · · · · · · · · · · · · · · · · · ·	Clearwater, FL 33756
X Remove		_	
2) Change	PDT	Jean Farnan ——————————————————————————————————	574 Johns Pass Avenue
X Add			Madeira Beach, FL 33708
Remove Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	sheets, if necessary). (Be specific)		•		
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lf an amendment	provides for an ex	change, reclassif	fication, or cance	ellation of issued	shares.	
provisions for im	iplementing the ar	nendment if not	contained in the	amendment itsel	<u>f:</u>	
	able, indicate N/A)					
4						
						
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	September 29, 2020	
The date of each amendment(s	adoption:	, if other than the
date this document was signed.		
	eptember 29, 2020	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
	(no more than 90 days after amenament fue date)	
Note: If the date inserted in this document's effective date on the	s block does not meet the applicable statutory filing requirements, this d Department of State's records,	ate will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were a action was not required.	idopted by the incorporators, or board of directors without shareholder act	ion and shareholder
☐ The amendment(s) was/were a by the shareholders was/were	idopted by the shareholders. The number of votes east for the amendment sufficient for approval.	(8)
	approved by the shareholders through voting groups. The following staten by each voting group entitled to vote separately on the amendment(s):	ient
"The number of votes ca	st for the air endment(s) was/were sufficient for approvai	
by		
	(v ting group)	
selec	director, president or other officer – if directors or officers have not been ted, by an incorporator – if in the hands of a receiver, trustee, or other continted fiduciary by that fiduciary) Jean Fainan (Typed or printed name of person signing)	ri
	President	
	(Title of person signing)	