

S91796

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies



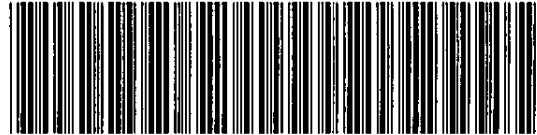
Certificates of Status



Special Instructions to Filing Officer:

Corrects document
by telephone can
for 1/24/09

Office Use Only



900137358179

10/31/08--01010--010 **52.50

Amend

CLERK OF STATE
TALLAHASSEE, FLORIDA

09 JAN 22 PM 2:37

FILED

T. Roberts JAN 22 2009

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: PROFESSIONAL OFFICE SERVICES INC

DOCUMENT NUMBER: 591796

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

DENI KENT

(Name of Contact Person)

TAX FREEDOM ALLIANCE, INC.

(Firm/ Company)

6600 N. ANDREWS AVE - Ste 2280

(Address)

FT. LAUDERDALE, FL 33309

(City/ State and Zip Code)

For further information concerning this matter, please call:

DENI KENT

(Name of Contact Person)

at (954) 854-1620

(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 &
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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 3, 2008

DENI KENT
TAX FREEDOM ALLIANCE, INC.
6600 N. ANDREWS AVE STE #250
FT LAUDERDALE, FL 33309

SUBJECT: PROFESSIONAL OFFICE SERVICES INC.
Ref. Number: S91796

We have received your document for PROFESSIONAL OFFICE SERVICES INC. and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The date of adoption of each amendment must be included in the document.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

The document number of the name conflict is #L64776 - OFFICE PROFESSIONALS, INC..

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-~~6892~~. *6050 Oct 3*

Tina Roberts
Regulatory Specialist II

Letter Number: 908A00055940

FILED
09 JAN 22 PM 2:37
RECEIVED BY STAFF
TALLAHASSEE, FLORIDA

(Name of Corporation as currently filed with the Florida Dept. of State)

(Document Number of Corporation (if known))

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

B. Enter new principal office address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)

6600 N. ANDREWS AVE Ste #250
FT CAUDERDALE FL 33309

C. Enter new mailing address, if applicable: (Same)
(Mailing address MAY BE A POST OFFICE BOX)

5110 JESSE JARON LANE
THOMPSONS STATION TN 37179

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:

TERESA M. Bullis

6600 N. ANDREWS AVE #250

New Registered Office Address:

(Florida street address)

Ff LAUDERDALE

Florida 33309
(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.

Theresa M. Bullock

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)

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>P</u>	<u>Timothy F. Bullis</u>	<u>4270 N.E. 17th Ave</u>	<input type="checkbox"/> Add
		<u>Pompano Beach, FL 33064</u>	<input checked="" type="checkbox"/> Remove
<u>P</u>	<u>TERESA M. Bullis</u>	<u>5110 JESSE JARVIS LN</u>	<input type="checkbox"/> Add
		<u>THOMPSONS STATION, TN 37179</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

E. If amending or adding additional Articles, enter change(s) here:
 (attach additional sheets, if necessary). (Be specific)

F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:
 (if not applicable, indicate N/A)

The date of each amendment(s) adoption: 10-28-08

Effective date if applicable: _____
(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 _____."
(voting group)

☐ 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 10-28-08

Signature x Theresa M. Bullis
(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)

Theresa M. Bullis
(Typed or printed name of person signing)

President
(Title of person signing)