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## COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: HQUUS	MAINTENANCE & FLOORING INC.		
DOCUMENT NUMBER: POTOCOOLS	85		
The enclosed Articles of Amendment and fee are sul	bmitted for filing.		
Please return all correspondence concerning this mat	tter to the following:		
	Name of Contact Person		
Agous Maintena	WCE & FLORING INC.		
4021 TAGGART (	DAY N Swite 102		
SARABOTA F	City/State and Zip Code		
AGNUS	26 CLEANING - COM. sed for future annual report notification)		
For further information concerning this matter, pleas	se call:		
Joseph Pires Name of Contact Person	at (941) 894 5523 Area Code & Daytine Telephone Number		
Enclosed is a check for the following amount made p	payable to the Florida Department of State:		
\$35 Filing Fee & Certificate of Status	☐\$43.75 Filing Fee & ☐\$52.50 Filing Fee Certified Copy Certificate of Status (Additional copy is enclosed) (Additional Copy is enclosed)		
Mailing Address	Street Address		
Amendment Section Division of Corporations	Amendment Section Division of Corporations		
P.O. Box 6327	Cliffon Building		
Tallahassee, FL 32314	2661 Executive Center Circle		

Tallahassee, FL 32301

## Articles of Amendment to

Articles of Incorporation

AQNUS MAINTENANO	of vith the Flor	FMORIA ida Dept. of Sta	in In	)C.	-	
707 00000 19	られら				-	
(Document Number of Con	rporation (if ki	nown)				
Pursuant to the provisions of section 607,1006, Florida State Articles of Incorporation:	atutes, this <i>Flo</i>	orida Profit Cor	<i>porution</i> adoț	ots the followin	g amendment	(s) to
A. If amending name, enter the new name of the corpo	oration:					
name must be distinguishable and contain the word " "Corp.," "Inc.," or Co.," or the designation "Corp." ' word "chartered." "professional association." or the abb	"Inc." or "Co	". A profession				
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRE	<u>ESS</u> )				-	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)					- - -	
D. If amending the registered agent and/or registered new registered agent and/or the new registered offi		s in Florida, en	ter the name	of the		
Name of New Registered Agent						
	(Florida street	address)			<b>7</b>	33. 33.
New Registered Office Address:			, Florida			221
	(City)			(Zip Code)	124	
New Registered Agent's Signature, if changing Registe Thereby accept the appointment as registered agent. Tai		h and accept the	e obligations a	of the position.	PHI	
y co say, account nes apportunitant de register ou against 1 th				V :	1	뭐ਜ਼
Signature of lieve	Rooistored Aci	ent if changing	<del></del>			

## 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:

F = President; V = Vicc President; T = Treasurer; S = Secretary; D = Director; TR = Trustec; C = Chairman or Clerk; CEO = ChiefExecutive Officer: CEO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. Fresident, 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 D	<u>oe</u>	
X Remove	<u>v</u>	Mike Jo	one <u>s</u>	
X Add	<u>sv</u>	Sally S	mith	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	<u>Addres</u> s
() Change	$\sqrt{}$		BRUND 5. FERREIRA	, 55
Add Remove				Suite 100 SARASOT
2) Change	<u> </u>	******		
Remove 3) Change				
AddRemove				
4) Change				
Remove				
5) Change				
Remove				
6) Change		_		
Remove				

L. If amending or adding additional Articles, enter change(s) here:				
(Attach additional sheets, if necessary	y). (Be specific)			
		<del></del>		
	<del></del>			
		·		
If an amountment amount or for an are	web was made wife with a second like the firm of the second like the second li			
brovisions for implementing the an	xchange, reclassification, or cancellation of issued shares, mendment if not contained in the amendment itself:			
(if not applicable, indicate N/A)	)			

date this document was signed.	, if other than the
Effective date if applicable: 3/21/2014	
(no more than 90 days after amendment file date)	_
Adoption of Amendment(s) ( <u>CHECK ONE</u> )	
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.	
$\frac{3}{2} \frac{3}{2} \frac{3}$	
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)	
JOSEPH PIRES (Typed or printed name of person signing)	_
PRESIDENT.	
(Title of person signing)	