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SCREWN COESTAIN

A. BUTLER

JUL 29 2022

COVER LETTER

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TO: Amendment Section Division of Corporations

NAME OF CORPO	PRATION: QUALITY SYSTE	EMS INC					
	IBER: <u>88– 2317 1</u> 1	7					
The enclosed Article	s of Amendment and fee are su	bmitted for filing.					
Please return all corr	espondence concerning this ma	itter to the following:					
	MARIA BREWER						
	Name of Contact Person						
	Firm/ Company						
	959 SW MCDEVITT AVE						
	Address						
	PORT SAINT LUCIE, FL 34953						
		City/ State and Zip Code	;				
	mbrewer81@hotmail.com						
	E-mail address: (to be us	sed for future annual report	notification)				
For further information	on concerning this matter, pleas	se call:					
MARIA BREWER		at (954	_) 592-5205 de & Daytime Telephone Number				
Name	of Contact Person	Area Coo	le & Daytime Telephone Number				
Enclosed is a check f	or the following amount made	payable to the Florida Depa	rtment of State:				
S35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 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		Amendi Division The Ce 2415 N	Address ment Section n of Corporations entre of Tallahassee 1. Monroe Street, Suite 810 essee, FL 32303				

Articles of Amendment to Articles of Incorporation of

FILED

2022 HAY 25 PM 2: 21

(Name of Corporation as currently filed with the Florida Dept. of State) QUALITY SYSTEMS INC (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: QUALITY SOLUTIONS GROUP OF FLORIDA INC name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp., " "Inc.." or Co.," or the designation "Corp." "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." 959 SW MCDEVITT AVE B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) PORT SAINT LUCIE, FL 34953 C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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 (Florida street address) New Registered Office Address: , Florida (City) 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 Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (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)

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.

Example:

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)	Title	<u>Name</u>	<u>Addres</u> s
l)Change			
Add			
Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
δ) Change			
Add			
Remove			

(At	mending or adding additional Articles, enter change(s) here: ach additional sheets, if necessary). (Be specific)
_	
	-
_	
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lf:	n amendment provides for an exchange, reclassification, or cancellation of issued shares,
P.	ovisions for implementing the amendment if not contained in the amendment itself:
	(if not applicable, indicate N/A)
	

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The date of each amendment(s date this document was signed.	adoption:	, if other than the
Effective date <u>if applicable</u> :		
incerve date <u>ir appricable</u> .	(no more than 90 days after amendment file date	<i>t)</i>
Note: If the date inserted in thi document's effective date on the	s block does not meet the applicable statutory filing requirement Department of State's records.	its, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
■ The amendment(s) was/were action was not required.	adopted by the incorporators, or board of directors without sharel	older action and shareholder
☐ The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes east for the an sufficient for approval.	nendment(s)
	approved by the shareholders through voting groups. The following or each voting group entitled to vote separately on the amendme	
"The number of votes ea	ist for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
selec	director, president or other officer – if directors or officers have ted, by an incorporator – if in the hands of a receiver, trustee, or inted fiduciary by that fiduciary)	
	MARIA BREWER	
	(Typed or printed name of person signing)	
	DIRECTOR	
	(Title of person signing)	

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