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## COVER LETTER

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	RATION: QUICK RESPONS	SE TRAVELING NOTARY	', INC
	BER: P22000035107		1
	of Amendment and fee are su	bmitted for filing.	
Please return all corre	spondence concerning this ma	tter to the following:	
	PAOLA A. CORRALES		
		Name of Contact Person	
		Firm/ Company	
	11301 S DIXIE HWY, SUIT	E 5244	
		Address	
	PINECREST, FL 33256		
		City/ State and Zip Code	:
	PAOLA@THEENOTARYIN	NC.COM	
	E-mail address: (to be us	sed for future annual report	notification)
For further information	n concerning this matter, plea	se call:	
PAOLA A. CORRALES		at ( <sup>786</sup>	525-9193
Name of Contact Person		Area Coo	de & Daytime Telephone Number
Enclosed is a check fo	or the following amount made	payable to the Florida Depa	irtment of State:
S35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	■\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Am Div P.O	iling Address endment Section ision of Corporations . Box 6327 ahassee, FL 32314	Amend Divisio The Co 2415 N	Address ment Section n of Corporations entre of Tallahassee V. Monroe Street, Suite 810 ssee, FL 32303

## Articles of Amendment to Articles of Incorporation of

(Name o	of Corporation as currently	filed with the Florida Dept. o	<u>f State</u> )	
P22000035107				
	(Document Number of	Corporation (if known)		
Pursuant to the provisions of section 607, ts Articles of Incorporation:	1006, Florida Statutes, this I	Torida Profit Corporation adop	its the following ame	ndment(s)
A. If amending name, enter the new na	ame of the corporation:			
THEENOTARY, INC				new
name must be distinguishable and contain "Inc" or Co.," or the designation "C "chartered," "professional association,"	Corp," "Inc." or "Co". A	ompany," or "incorporated" or professional corporation nam	the abbreviation "Co e-must-contain the	orp.," word
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u> )		11301 S DIXIE HWY, SUITE 5244		
		PINECREST, FL 33256		<del></del>
			·	
C. Enter new mailing address, if apple (Mailing address MAY BE A POST)		11301 S DIXIE HWY, SUIT	E 5244	
(maining address <u>agree 1922 (1932 (1932 (19</u>		PINECREST, FL 33256	207	
				omspred.
). If amending the registered agent ar new registered agent and/or the new	nd/or registered office addr w registered office address:	ess in Florida, enter the name	of the	
Name of New Registered Agent	PAOLA A. CORRALES	•	× 19 €	ç <del></del>
name of the weginered rigem	11301 S DIXIE HWY, SUI	TE 5244	9. F.	
	(Florida stro	ret address)		
New Registered Office Address:	PINECREST	, F	Norida 33256	
		(City)	(Zip Code)	

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	PT	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
1) N/A Change	N/A	N/A	N/A
N/A Add			
N/A Remove			
2) Change			
Add			
Remove Change			
Add			
Remove			
4) Change			
A <b>d</b> d			
Remove			
5) Change			
Add		-	
Remove			
5) Change			
Add			
Remove			
remove.			

A	(Be specific)
1	
<del></del>	
	<del></del> -
If an amandment provides for an expl	vanna reclassification or cancellation of issued charas
If an amendment provides for an exch provisions for implementing the ame	nange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself:
If an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate N/A)	nange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
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provisions for implementing the ame (if not applicable, indicate N/A)	endment if not contained in the amendment itself:

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	03/07/2023	
The date of each amendment(s) adoption date this document was signed.	tion:	_, if other than the
Effective date if applicable:		
	(no more than 90 days after amendment file date)	-
Note: If the date inserted in this bloc document's effective date on the Depart	k does not meet the applicable statutory filing requirements, this date will a tment of State's records.	not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/were adopte action was not required.	d by the incorporators, or board of directors without shareholder action and s	hareholder
☐ The amendment(s) was/were adopte by the shareholders was/were suffice	d by the shareholders. The number of votes cast for the amendment(s) rient for approval.	
☐ The amendment(s) was/were approx must be separately provided for each	ved by the shareholders through voting groups. The following statement wh voting group entitled to vote separately on the amendment(s):	
"The number of votes east for	the amendment(s) was/were sufficient for approval	
by N/A		
,	(voting group)	
03/07/2023		
Dated		
O'		
selected, b	tor, president or other officer – if directors or officers have not been by an incorporator – if in the hands of a receiver, trustee, or other court fiduciary by that fiduciary)	-
PA	OLA A. CORRALES	
	(Typed or printed name of person signing)	
PR	INCIPAL	
	(Title of person signing)	