N24000001770

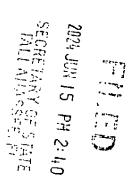
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COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION: TREASURE QUEST CORPORATION
DOCUMENT NUMBER: N 24 000001770
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
MICHAEL GATTUSO
(Name of Contact Person)
TREASURE QUEST LORPORATION
(Firm/ Company)
15148 SAM SNEAD LANE
(Address)
NORTH FORT MYERS, FL 33917
(City/ State and Zip Code)
(City/ State and Zip Code) PURELUCK 33990 D yAHOO. COM E-mail address: (to be used for future annual report notification)
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
MICHAEL GATTUSO at 239 - 878-9352 (Name of Contact Person) (Area Code) (Daytime Telephone Number)
(Name of Contact Person) (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee S43.75 Filing Fee & Certificate of Status Certified Copy (Additional copy is enclosed) \$252.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed)
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment

Articles of Incorporation of

(Name of Corporation as currently filed with the Florida Dept. of State)		_
N24000001770		
(Document Number of Corporation (if known)		
Pursuant to the provisions of section 617.1006, Florida Statutes, this <i>Florida Not For Profit Corporation</i> adopted amendment(s) to its Articles of Incorporation:	ts the following	ng
A. If amending name, enter the new name of the corporation:	Th	
name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Co	The ne rp." or "Inc.	
"Company" or "Co." may not be used in the name.	•	
B. Enter new principal office address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		_
		_
C. Enter now mailing address if applicables		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
		_
		
		_
D. If any adding the positional access and/or anxiotic of 50% adding the position of the second seco	2024 Sec	
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:		
all a		. 49.39°
Name of New Registered Agent:	<u>ス) (5</u> -<	-
ر. ن 	요 끝	<u>.</u> ;
New Registered Office Address: (Florida street address)	<u>در کی</u>	7,42
New Registered Office Address.	140 040	
	<u> ســــــــــــــــــــــــــــــــــــ</u>	_
(City) (Zip Code	2)	
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 positi	ion.	
(1)		
N A Signature of New Registered Agent, if changing		_
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)

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 X_Remove X_Add	PT John D V Mike J SV Sally S	ones	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) Kange Change Add	President	MICHAEL GATTUSO	15148 Sam Shead Lane N. FT. MYERS, FL 33917
2) K Change Add	VICE PRES.	MICHAEL JOERGER	2254 CHIANTI PL. #61 PALM HARBOR, FL 34683
Remove 3) X Change Add Remove	VICE PRES	CHANOCE GOMEZ	266 Bryan Ave Labelle, Fr 33835
4) X Change Add	Treasurer	Stephanie Sims	455 MISTWOOD CT Springhill, FC 34609
Remove 5) Change Add	Scretary	LAUREN HENNESSEY	N. FT. MYERS, FZ 33917
Remove 6) Change Add			P 2: 10
4 4 4	adding additional Art sheets, if necessary).	icles, enter change(s) here: (Be specific)	
NA			

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	i 1					
The date of each amendment(s) adoption:	14/24		<u></u>		_, if othe	er than the
Effective date if applicable: 5	16/24		date)			
<u>Note:</u> If the date inserted in this block does not mee document's effective date on the Department of Stat	et the applicable ste's records.	tatutory filing rec	quirements, this da	ite will not	be listed	as the

The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.

(CHECK ONE)

Adoption of Amendment(s)

\ /
V
/ `\

There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.

Dated

(By the chalman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

MICHAEL GATTUSO
(Typed or printed name of person signing)