P01000068703

| (Re | questor's Name) | |
|-------------------------|--------------------|-------------|
| (Ad | dress) | |
| (Ad | dress) | <u> </u> |
| (Cit | ry/State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | ısiness Entity Nan | ne) |
| (Do | ocument Number) | |
| Certified Copies | Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
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Office Use Only



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T. BROWN

COVER LETTER

TO: Amendment Section Division of Corporations

| NAME OF CORPOI | RATION: Quality Hor | me Service, Inc. | | | |
|--|---|--|--|--|--|
| | BER: P0100006870 | | | | |
| The enclosed Articles | of Amendment and fee are su | bmitted for filing. | | | |
| Please return all corre | spondence concerning this ma | tter to the following: | | | |
| | Cindy Mudge | | | | |
| | | Name of Contact Person | n | | |
| | Allure Accounting | ı, Inc. | | | |
| | | Firm/ Company | | | |
| | 15010 Tamarind | | | | |
| | | Address | ··· | | |
| | Bonita Springs, F | L 34134 | | | |
| | | City/ State and Zip Cod | e | | |
| 0.44 | so@alluragagaunt | ina oom | | | |
| exe | ec@allureaccount | ing.com sed for future annual report | natification) | | |
| | E-man address. (to be us | sed for future annual report | notification) | | |
| For further informatio | n concerning this matter, pleas | se call: | | | |
| | voncorning this matter, preas | | | | |
| Marena Loeffler | | at (239 | , 992-3355 | | |
| Name | of Contact Person | | de & Daytime Telephone Number | | |
| Enclosed is a check fo | r the following amount made | payable to the Florida Depa | artment 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 Street Address | | <u></u> | | |
| | endment Section | Amendment Section | | | |
| | ision of Corporations | Division of Corporations | | | |
| P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center | | | | | |
| lan | unussee, 1 11 223 17 | Tallahassee, FL 32301 | | | |

Articles of Amendment to Articles of Incorporation of



| Quality Home Service, Inc. | .0 |
|--|---|
| (Name of Corporation as currently filed with the | Florida Dept. of State) |
| P01000068703 | |
| (Document Number of Corporation | (if known) |
| Pursuant to the provisions of section 607.1006, Florida Statutes, thits Articles of Incorporation: | is Florida Profit Corporation adopts the following amendment(s) |
| A. If amending name, enter the new name of the corporation: | |
| | The new |
| name must be distinguishable and contain the word "corporat "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association." or the abbreviation | "Co". A professional corporation name must contain the |
| B. Enter new principal office address, if applicable: | 912 SW 56th Street |
| (Principal office address <u>MUST BE A STREET ADDRESS</u>) | Cape Coral, FL 33914 |
| | |
| | |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | 912 SW 56th Street |
| | Cape Coral, FL 33914 |
| | |
| | |
| D. If amending the registered agent and/or registered office ad new registered agent and/or the new registered office addre | |
| Name of New Registered Agent Cornelia Rotha | |
| 912 SW 56th S | Street |
| | street uddress) |
| New Registered Office Address: Cape Coral | Florida 33914 |
| (Cit | v) (Tip Code) |
| | |
| New Registered Agent's Signature, if changing Registered Ager Thereby accept the appointment as registered agent. I am familian | with/and accept the obligations of the position. |
| La la al Co | Maiting |
| Agnature of New Registered | l 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.

| X Change | <u>PT</u> <u>John</u> | <u>Doe</u> | |
|-------------------------------|------------------------|---------------------|------------------------|
| X Remove | <u>V</u> <u>Mike</u> | Jones | |
| X Add | <u>SV</u> <u>Sally</u> | Smith | |
| Type of Action (Check One) | <u>Title</u> | <u>Name</u> | Address |
| 1) Change | PS | Fromm, Harald | 15010 Tamarind Cay Ct. |
| Add | | | #208 |
| X Remove | | | Fort Myers, FL 33908 |
| 2) Change | PTSD | Rothausen, Cornelia | 912 SW 56th Street |
| X Add | | | Cape Coral, FL 33914 |
| Remove | | | |
| 3) Change | | | |
| Add | | | |
| Remove | | | |
| 4) Change | | | - |
| Add | | | |
| Remove | | | |
| 5) Change | | | |
| Add | | | |
| Remove | | | |
| | | | • |
| 6) Change | | | |
| Add | | | |
| Remove | | | |

| | itional sheets, if nec | ssary). (Be s | specific) | | | |
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| If an amen | dment provides for | an exchange, | reclassificatio | on, or cancellat | ion of issued sha | ires, |
| (if not | s for implementing applicable, indicate | ine amendinen N/A) | <u>it ii not conta</u> | ined in the ame | enament itsen: | |
| /A | -7.7 | , | | | | |
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| The date of each amendment(s) ado date this document was signed. | ption: | , if other than the |
|---|--|---------------------|
| Effective date if applicable: | | |
| | (no more than 90 days after amendment file date) | o w with |
| Adoption of Amendment(s) | (CHECK ONE) | |
| ☐ The amendment(s) was/were adopt by the shareholders was/were suffi | ted by the shareholders. The number of votes east for the amendment(s) icient for approval. | |
| | oved by the shareholders through voting groups. The following statement ach voting group entitled to vote separately on the amendment(s): | |
| "The number of votes cast fo | r the amendmentis) was/were sufficient for approval | |
| by | (voting group) | |
| | (voting group) | |
| ☐ The amendment(s) was/were adopt action was not required. | ed by the board of directors without shareholder action and shareholder | |
| The amendment(s) was/were adopt action was not required. | ed by the incorporators without shareholder action and shareholder | |
| Daied | 23-2013 L. Ca Co Maise, | |
| Signature | Lite Chare, | |
| (By a ovre selected, l | ctor, 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 l fiduciary by that fiduciary) | location. |
| C | Cornelia Rothausen | |
| ~ | (Typed or printed name of person signing) | · |
| F | President | |
| - | (Title of person signing) | |