P01000073220

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COVER LETTER

TO: Amendment Section

Mailing Address
Amendment Section

P.O. Box 6327

Division of Corporations

Tallahassee, FL 32314

Division of Corp	porations
	RATION: Quality Floor Care of Tampa Bay Inc
The enclosed Articles	s of Amendment and fee are submitted for filing.
	espondence concerning this matter to the following:
lower case Q ->-	Jack Stringfellow Name of Contact Person Ovality Floor Care of Tampa Bay Inc Firm/ Company 8100 Fark Blvd Svite A 34 Address Pinellas Park FL 33781 City/ State and Zip Code Afe jack Q me - com /E-mail address: (to be used for future annual report notification)
Name Enclosed is a check f	on concerning this matter, please call: String fellow at (727) 580 - 3967 Area Code & Daytime Telephone Number for the following amount made payable to the Florida Department of State: 1343.75 Filing Fee & \$\instrum{1}{2}\$

Street Address
Amendment Section

Clifton Building

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Articles of Amendment

SECRETARY OF STATE
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Articles of Incorporation

Quality Floor Care of Tampa Bay Inc

(Name of Corporation as currently filed with the Florid	la Dept. of State)
P01000073220	
(Document Number of Corporation (if known	own)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Flor</i> its Articles of Incorporation:	ida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
QFC Cleaning and Supply Corname must be distinguishable and contain the word "corporation,"	npan/ The new
name must be distinguishable and contain the word "corporation," "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co" word "chartered," "professional association," or the abbreviation "P.A.	. A professional corporation name must contain the
B. Enter new principal office address, if applicable:	8100 Park Blud
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	Suite A 34
- -	Svite A 34 Pinellas Parle FL 33781
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	Some as above
-	
-	
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address:	in Florida, enter the name of the
Name of New Registered Agent N/A	
Name of New Registered Agent / / FT	
(Florida street a	uddress)
New Registered Office Address: N/A (City)	
New Registered Office Address:/V/ /* (City)	, Florida (Zip Code)
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.
t .	
Signature of New Registered Age	nt, 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	PT John D	oc	
X Remove	<u>V</u> <u>Mike J</u>	ones	
X Add	SV Sally S	<u>mith</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change		N/A	
Add			
Remove			
2) Change		NA	
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
Kemove			
6) Change			
Add			
Remove			

If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A) W/A	If amending or adding additional Artic (Attach additional sheets, if necessary).	cles, enter change(s) here: (Be specific)
If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:	N/A	
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MA	(if not applicable, indicate N/A)	
	NA	
	- /	
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The date of each amendment(s) adoption: Vpcn reciept date this document was signed.	, if other than the
Effective date if applicable: Upon rection for amendment file date) (no more than 90 days after amendment file date)	_
Adoption of Amendment(s) (CHECK ONE)	
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 Jack + Danette Stringfellow " (voting group)	
☐ 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.	
Dated	
Signature 1 to the	
(By director, president or other officer – if directors or officers have not been elected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
Jack Stringfellow	
(Typed or printed name of person signing)	
President (Title of person signing)	
(Title of person signing)	