P03000086242

(Re	questor's Name)	
(Ad	ldress)	
(Ad	dress)	
(Cit	ry/State/Zip/Phone	e#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
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COVER LETTER

TO: Amendment Section Division of Corporations

	RATION: Qualified S BER: P0300008624		Inc.
	s of Amendment and fee are su		
Please return all corre	espondence concerning this ma	atter to the following:	
	Kenneth Piette		
		Name of Contact Person	1
	Qualified Service		-
		Firm/ Company	
	11110 W Oaklan	• •	
		Address	
	Sunrise, FL 3335	51	
·		City/ State and Zip Code	
		,	
. <u>qs</u> :	sceo@gmail.com	16.6.	
	E-mail address: (to be us	sed for future annual report	notification)
For further information	on concerning this matter, pleas	se call:	
Kenneth Pie	tte	at (954	, 969-0570
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	or the following amount made	payable to the Florida Depa	rtment 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)
Am Div P.O	endment Section ision of Corporations . Box 6327 ahassee, FL 32314	Amend Divisio Clifton 2661 E.	Address ment Section n of Corporations Building xecutive Center Circle ssee, FL 32301

Articles of Amendment to Articles of Incorporation of

Qualified Service System	ms Inc.		
(Name of Corporation a	as currently filed with the Flo	orida Dept. of State)	
P03000086242			
(Docume	ent Number of Corporation (if	known)	•
Pursuant to the provisions of section 607 its Articles of Incorporation:	7.1006, Florida Statutes, this F	Ilorida Profit Corporation adopts the following	g amendment(s) to
A. If amending name, enter the new n	name of the corporation:		
N/A			The new
	nation "Corp," "Inc," or "C	" "company," or "incorporated" or the al o". A professional corporation name must o .A."	bbreviation
B. Enter new principal office address,	. if applicable:	4851 NW 103 Ave	
(Principal office address <u>MUST BE A S</u>		Suite 42-B	
		Sunrise, FL 33351	
C. Enter new mailing address, if appl (Mailing address MAY BE A POST		11110 West Oakland Park Blvd	
		#107	
		Sunrise, FL 33351	
D. If amending the registered agent an new registered agent and/or the ne		ss in Florida, enter the name of the	
Name of New Registered Agent	Gayle Piette		
	4851 NW 103 Av	ve Suite 42-B	
	(Florida stree		
New Registered Office Address:	Sunrise, FL	, Florida_33351	
,	(City)	(Zip Code)	
			.
New Registered Agent's Signature, if c			<u>က</u> ဤ ကျော့
<u></u>	tered agent. (I am familiar wi Life of New Registered Ag	th and accept the obligations of the position. Let Pres. ent, if changing	
		• नेता ना ११ सं ११	

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>	John Doe				
X Remove	<u>v</u>	Mike Jones				
X Add	<u>sv</u>	Sally Smith	Λ	1/		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>		'/A	<u>Addres</u> s	
1) Change						
Add						
Remove						
2) Change					·	
Add						
Remove						···
3) Change			 			
Add						
Remove						
4) Change		_				
Add						
Remove						
5) Change		<u> </u>				
Add						
Remove						
6 Ch						
6) Change		_	<u>.</u>			<u>-</u>
Add						
Remove						

(Attach additional sheets, if necessary).	<u>icles, enter change(s) here</u> : (Be specific)
I/A	
	-
	,
•	
	•
If an amendment provides for an exch	ange, reclassification, or cancellation of issued shares,
provisions for implementing the amo-	ndment if not contained in the amendment itself:
Provisions for mibicincuting the amer	
(if not applicable, indicate N/A)	

The date of each amendmen	t(s) adoption: 2/6/2013
Effective date <u>if applicable</u> :	2/7/2013
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(<u>CHECK ONE</u>)
■ The amendment(s) was/we by the shareholders was/w	re adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.
	re approved by the shareholders through voting groups. The following statement ed for each voting group entitled to vote separately on the amendment(s):
"The number of votes	s cast for the amendment(s) was/were sufficient for approval
by	(voting group)
	(voting group)
action was not required.	re adopted by the board of directors without shareholder action and shareholder
action was not required.	re adopted by the incorporators without shareholder action and shareholder
_{Dated} 2/6	/2013
Signature	Jan Af of
se	by a director, president of other officer—If directors or officers have not been elected, by an incorporator—if in the hands of a receiver, trustee, or other court oppointed fiduciary by that fiduciary)
	Kenneth Piette
	(Typed or printed name of person signing)
	PresiDENT.
	(Title of person signing)