P03000109115

	(Requestor's Name)			
	(Address)			
	(Address)	,		
	(City/State/Zip/Phone #)			
PICK-UF	P WAIT	MAIL		
	(Business Entity Name)	-		
	(Document Number)			
Certified Copies	Certificates of 3	Status		
Special Instructions to Filing Officer:				
J. HORNE				
	MAR 3 U 2022			
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	PRATION: Mack Supply Inc	·····	
	IBER: P03000109115		
	s of Amendment and fee are su	bmitted for filing.	
Please return all corr	espondence concerning this ma	tter to the following:	
	John McCormick		
		Name of Contact Person	1
		Firm/ Company	
	388 Hickory Acres Lane		
		Address	
	St Johns, FL 32259		
		City/ State and Zip Code	e
	jmac4718@gmail.com		
	E-mail address: (to be us	sed for future annual report	notification)
	on concerning this matter, pleas		
John McCormick		at (
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check t	or the following amount made	payable to the Florida Depa	artment of State:
S35 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)
Ar Di P.G	neiling Address nendment Section vision of Corporations D. Box 6327 Illahassee, FL 32314	Amend Division The Co 2415 P	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 assec, FL 32303

Articles of Amendment to Articles of Incorporation of

to

Mack Supply, Inc.			
(Name of Corporation	n as currently filed v	vith the Florida Dept. o	of State)
P03000109115			
(Docume	ent Number of Corpor	ation (if known)	
Pursuant to the provisions of section 607,1006, Florida Sits Articles of Incorporation:	Statutes, this Florida	Profit Corporation ado	
A. If amending name, enter the new name of the cor	poration:		9:16
Quantum Supply, Inc.			The new
name must be distinguishable and contain the word "cor" "Inc.," or Co.," or the designation "Corp," "Inc," "chartered," "professional association," or the abbrevi	or "Co". A profes		
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDI</u>	RESS)		
C. Enter new mailing address, if applicable: (Muiling address MAY BE A POST OFFICE BOX	<u> </u>		
D. If amending the registered agent and/or registered new registered agent and/or the new registered of		lorida, enter the name	of the
Name of New Registered Agent			
	(l'Iorida street addre	:ss)	
New Registered Office Address:		. 8	Florida
	(Ciţv)		(Zip Code)
New Registered Agent's Signature, if changing Regis I hereby accept the appointment as registered agent. I	stered Agent: am familiar with and ture of New Registered		of the position.
Signal	ure of new Regimere	алдені, іј спандінд	
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)

Example:

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 Do	<u>e</u>	
X Remove	<u>v</u>	Mike Jo	nes	
X Add	<u>SV</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		Name	Address
1) Change		_		
Add				
Remove				
2) Change		_		
Add				
Remove 3) Change		_		
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change		_		
Add		-		
Remove				

Attach additional sheets, if necessary).	(Be specific)
· -	
	,-,-
If an amendment provides for an exch	nange, reclassification, or cancellation of issued shares,
provisions for implementing the ame (if not applicable, indicate N/A)	endment if not contained in the amendment itself:
·	
	

	03/02/2022	
The date of each amendment(s) date this document was signed.	adoption:	, if other than the
uate this document was signed.		
Effective date if applicable:		_ _
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the	block does not meet the applicable statutory filing requirements, this date Department of State's records.	will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were a action was not required.	dopted by the incorporators, or board of directors without shareholder action	n and shareholder
☐ The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.	l
	approved by the shareholders through voting groups. The following statement or each voting group entitled to vote separately on the amendment(s):	11
"The number of votes ca	st for the amendment(s) was/were sufficient for approval	
by	,"	
·	(voting group)	
3/2/2022		
Dated		
Signature		
	director, president or other officer - if directors or officers have not been	
	eted, by an incorporator – if in the hands of a receiver, trustee, or other court	
арро	inted fiduciary by that fiduciary)	
	John McCormick	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	