

P03000119741

(Requestor's Name)

(Address)

(Address)

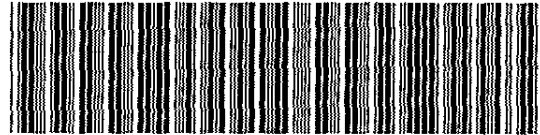
(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____



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03/29/04--01031--018 **35.00

Special Instructions to Filing Officer:

called Mr. Frost 4/1
need to correct #5 CRG.
Mr. Frost called 4/1 - He submitted
wrong form. Hold for correct form.
CRG

Office Use Only

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04 APR -5 PM 1:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AMEND
CRG 4/5

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: A PLUS QUALITY INC.
(Name of corporation)

DOCUMENT NUMBER: P03000110741

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

WILLARD L FROST JR
(Name of person)

A PLUS QUALITY INC.
(Name of firm/company)

6012 JONES RD
(Address)

ST CLOUD FLORIDA 34771
(City/state and zip code)

For further information concerning this matter, please call:

WILLARD L FROST JR at (407) 383 4282
(Name of person) (Area code & daytime telephone number)

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: CHANGE OF OFFICERS

DOCUMENT NUMBER: PO3000119741

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

WILLARD L FROST

(Name of Person)

A PLUSQUALITY INC.

(Name of Firm/ Company)

6012 JONES RD

(Address)

ST CLOUD FLORIDA 34771

(City/ State/ and Zip Code)

For further information concerning this matter, please call:

WILLARD FROST

(Name of Person)

at (407) 383 4282

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$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

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

Articles of Amendment
to
Articles of Incorporation
of

FILED

04 APR -5 PM 1:04

A PLUS QUALITY INC.

(Name of corporation as currently filed with the Florida Dept. of State) SECRETARY OF STATE
TALLAHASSEE, FLORIDA

P03000119741

(Document number of corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this **Florida Profit Corporation**
adopts the following amendment(s) to its Articles of Incorporation:

NEW CORPORATE NAME (if changing):

(must contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.")

AMENDMENTS ADOPTED- (OTHER THAN NAME CHANGE) Indicate Article Number(s)
and/or Article Title(s) being amended, added or deleted: **(BE SPECIFIC)**

AMENDMENT TO ARTICLE 5 - OFFICERS

THIS AMENDMENT REMOVES SCOTT SAUCIER FROM POSITION OF ASISTANT VICE-PRESIDENT

SCOTT SAUCIER 5035 COUNTRYSIDE CT. ST CLOUD FL. 34770 407-891-7844

AND INSTATES JASON SIMONES AS NEW ASISTANT VICE-PRESIDENT

JASON SIMONES 821 MICIGAN AVE. ST CLOUD FL. 34769 407-908-6921

(Attach additional pages if necessary)

If an amendment provides for 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)

N/A

(continued)

The date of each amendment(s) adoption: 4/02/04

Effective date if applicable: 4/05/04
(no more than 90 days after amendment file date)

Adoption of Amendment(s) **(CHECK ONE)**

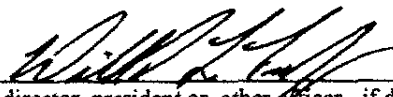
- ☐ The amendment(s) was/were approved by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
- ☐ The amendment(s) was/were approved by the shareholders through voting groups. *The following statement must be separately provided for each 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
_____"
(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.

Signed this 2 ND day of APRIL, 2004

Signature


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

WILLARD L FROST

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

FILING FEE: \$35