## Florida Department of State

Division of Corporations Public Access System

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Division of Corporations

Fax Number : (850)617-6380

Account Name : FASTKIT CORPORATE OUTFITS

Account Number : 071001002335 Phone : (305)599-0839 Fax Number : (305)716-0346 Phone

: (305)716-0346

## AMND/RESTATE/CORRECT OR O/D RESIGN

BEST QUALITY MORTGAGE CORP.

| Certificate of Status | 0       |
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| Certified Copy        | 0       |
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Electronic Filing Menu

Corporate Filing Menu

W. Help

PAGE 1 OF 1

## BEST QUALITY MORTGAGE CORP. Doc# P06000008573 ARTICLES OF AMENDMENT

ARTICLES OF INCORPORATION
PURSUANT TO THE PROVISIONS OF SECTION 607.1006, FLORIDA
STATUTES, THE CORPORATION ADOPTS THE FOLLOWING

ARTICLES OF AMENDMENT TO ITS ARTICLES OF NCORPORATION:

ARTICLE I: The name of the corporation shall be

amended)

RC BEST QUALITY CORP

ARTICLE V: The name and address of the registered agent

(amended)

shall be

Roidel Chala

12065 SW 18th Street, Unit 3

Miami, Fl 33175

deleted) Luis E Chala

OB JAN II PH 1: 19
SECRETARY OF STATE
ALLAHASSEF, FINDING

- THE DATE OF EACH AMENDMENT'S ADOPTION IS January 10, 2008
- 3) ADOPTION OF AMENDMENT WAS ADOPTED BY THE STOCKHOLDERS. THE NUMBER OF VOTES CAST FOR THE AMENDMENTS WERE SUFFICIENT FOR APPROVAL.

SIGNED | O Day of January 2008.

SIGNATURE

ROIDEL CHALA President

## : H080000079643

(ERTIFICATE DESIGNATING (OR CHANGING) PLACE OF BUSINESS OR DOMICILE FOR THE BERVICE OF PROCESS WITHIN THE STATE, NAMING AGENT UPON WHOM FROCESS MAY BE SERVED.

| In pursuance of Chapter 607.34 Florida Statutes, the following is submitted, in compliance with said Act:   |
|---|
| First-That RC BEST QUALITY CORP (NAME OF CORPORATION)   |
| (NAME OF CORPORATION)   |
| desiring to organize under the laws of the State of FLORIDA (FLORIDA)   |
| (FLORIDA)   |
| with its principal office, as indicated in the articles of  |
| incorporation at City of MIAMI county   |
| (CTAX)  |
| of DADE ,State of FLORIDA (COUNTRY) (STATE)   |
|   |
| has named ROIDEL CHALA  |
| (NAME OF RESIDENT AGENT)  |
| located at 12065 SW 18 TH ST. Unit 3 : Miami FL 33175   |
| (STREET ADDRESS AND NUMBER OF BUILDING, POST OFFICE BOX ADDRESS NOT ACCEPTABLE)   |
| city of PLORIDA . Country of DADE   |
| city of PLORIDA , Country of DADE (COUNTRY)   |
| State of Plorida, as its agent to accept service of process within this state.  |
| ACKNOWLEDGEMENT: (MUST BE SIGNED BY DESIGNATED AGENT)   |
| Having been named to accept service of process for the above stated corporation, at place designated in this certificate. I hereby accept to act in this capacity, and agree to comply with the provision of said Act relative to keeping open said office. |
| BY Raidel Chala 1/0/200   |
| REGISTERED AGENT  |