P06000037609

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COVER LETTER

NAME OF CORPORATION: Premier Quality Insurance Corp

DOCUMENT NUMBER: P0600037609

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

Please return all correspondence concerning this matter to the following:

Name of Contact Person

Firm/Company

10336 F1AGShip Augnue

Premier Quality INSUMUCE @ YAhoo. Com
E-mail address: (to be used for future)annual report notification)

For further information concerning this matter, please call:

Sem T. Godriguez at (427) 326-3694
Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

\$35 Filing Fee

TO: Amendment Section

□\$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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment

to

Articles of Incorporation	
\bigcirc of	
Premier Quality Insurance Corp	
(Name of Corporation as currently filed with the Florida Dept. of State)	
DA6 0000 276 NO	
(Document Number of Corporation (if known)	
(William)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amend its Articles of Incorporation:	ment(s) to
A. If amending name, enter the new name of the corporation:	
TL	
name must be distinguishable and contain the word "corporation," "company." or "incorporated" or the abbreviation.	ew ion
"Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain	
word "chartered," "professional association," or the abbreviation "P.A."	
B. Enter new principal office address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
<u> </u>	
	freezen
Sign on	in which the
D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:	m
55 75	U
Name of New Registered Agent	
χ ₅ Ο1	
(Florida street address)	
New Registered Office Address: Florida	
(City) (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.	
Thereo, weeep the appointment as registered agent. I am jamutat with and accept the obligations of the position.	
Signature of New Registered Agent, 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 ådditional 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.

Example: X Change	<u>PT</u>	John Doe	2			
X Remove	<u>v</u>	Mike Jones				
X Add	<u>sv</u>	Sally Smith				
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s		
1) Change						
Add						
Remove						
2) Change						
Add						
Remove				48		
3) Change	_					
4) Change		_				
Add						
Remove						
5) Change						
Add						
Remove						
6) Change						
Add						
Remove						

If amending or adding additional Artic (Attach additional sheets, if necessary).	(Be specific)	
		
provisions for implementing the amen	ange, reclassification, or cancellation of issued shares, idment if not contained in the amendment itself:	
(if not applicable, indicate N/A)	aliana dua la alan	0 - 4 - 100
1, Jerry 1. 910	duquez que hereby	GrANT 100-10
of the share	a will have	e Dounne
COVI TO THE	ensurpresident Don's	E. Acarugu
effective f	ebruary 3, 2015.	
- • •	J 2 4 3	
		

The date of each amendment(s) adoption: February 3, 2015	_, if other than the
date this document was signed.	
Effective date if applicable: February 3, 2015	_
(no more than 90 days after amendment file date)	
Adoption of Amendment(s) (<u>CHECK ONE</u>)	
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''	
(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 2/3/20/5	
Signature JW J T	-
(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)	
Jem I. Hodriguez	_
(Typed or printed name of person signing)	
Shareholder	_
(Title of person signing)	