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FER 02 2019 S. YOUNG 18 FEB --1 -- PH-2: 18

COVER LETTER

TO: Amendment Section Division of Corporations

name of corporation: $N \cdot F \log \theta$	ida Quality Pa	inting. Inc
The enclosed Articles of Amendment and fee are s		
Please return all correspondence concerning this man	·	
Michael F	Name of Contact Person	n
	Firm/ Company	
<u>4881 Frost</u>	Laxe Or. Address	-
	FL: 32758 City/ State and Zip Cod	le
North Florida Quali E-mail address: (to be	ty Rumuna (C (C) used for future another report	mast net
For further information concerning this matter, ple-	ase call:	
Jamie Smith	at (904	ode & Daytime Telephone Number
Name of Contact Person Enclosed is a check for the following amount made		
\$35 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	· · · · · · · · · · · · · · · · · · ·	Address Iment Section

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

on of Corporations

Division of Corporations Clifton Building 2661 Executive Center Circle 1

Tallahassee, FL 32301

Articles of Amendment

to
Articles of Incorporation

N. Florida Quality F	antina Tuc.
POLOOD 8913	ntly filed with the Florida Dept, of State)
(Document Number	r of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, thits Articles of Incorporation:	nis Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
nla	The new
name must be distinguishable and contain the word "corpora "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	tion," "company," or "incorporated" or the abbreviation r "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	NIA 50 TO TO
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BOX</u>)	NIA RED
D. If amending the registered agent and/or registered office ac new registered agent and/or the new registered office addre	
Name of New Registered Agent 17	- · · · · · · · · · · · · · · · · · · ·
(Florida	street address)
New Registered Office Address:	Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Age I hereby accept the appointment as registered agent. I am familia	
Signature of New	v 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 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 Remove	<u>V</u>	Mike Jones	
_X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	T	Jacob Matthau Higginbothan	4881 Frost Lake Dr. JAX PL 32258
Add Remove			
2) Change	TR	Loseph Abri Chaurz Je.	9439 San Jac Blub. Apt 57 JAX ,PL: 32257
Add Remove 3) Change Add Remove			
4) Change Add			
Remove 5) Change Add			
Remove 6) Change Add Remove			

(Attach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)
NIA	
	
	
	nange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself:
(if not applicable, indicate N/A)	numers if not contained in the amendment usen.
DIAKE designate in	310 of the Company strains
TRANSPORTER IC	
1 1 10 W	As a to
to Joseph Abel	Maure Jr.
to Joseph Abel	Marcz Jr.
to Joseph Abel	Maure Je.
to Joseph Abel	Maure Jr.
to Joseph Abri	Maure Jr.
to Joseph Abel	Maure Je.
to Joseph Abri	Mauce Je.

The date of each amendment(s) adoption: _	1/29/18	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	\
Note: If the date inserted in this block does document's effective date on the Department of	not meet the applicable statutory filing requirements, this date f State's records.	will not be listed as the
Adoption of Amendment(s) (CI	HECK ONE)	
☐ The amendment(s) was/were adopted by the by the shareholders was/were sufficient for	e shareholders. The number of votes cast for the amendment(s) approval.	
	the shareholders through voting groups. The following statement g group entitled to vote separately on the amendment(s):	1
"The number of votes east for the ame	endment(s) was/were sufficient for approval	
by	oting group)	
(vo	oling group)	
☐ The amendment(s) was/were adopted by the action was not required.	e board of directors without shareholder action and shareholder	
The amendment(s) was/were adopted by the action was not required.	e incorporators without shareholder action and shareholder	
Dated1\27\18	<u> </u>	
Signature	I Trutte	
	sident or other officer – if directors or officers have not been	
selected, by an inc	corporator – if in the hands of a receiver, trustee, or other court	
appointed fiduciar	y by that fiduciary)	
	Michael Holton	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	1