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COVER LETTER

TO: Amendment Section
Division of Corporations

** ****	•	
NAME OF CORPORATION: Total Emplo	oyee Benefits, Inc.	· · · · · · · · · · · · · · · · · · ·
DOCUMENT NUMBER: P06000096532		
The enclosed Articles of Amendment and fee	are submitted for filing.	
Please return all correspondence concerning th	is matter to the following:	
Nancy Pearson		
(Name	of Contact Person)	
 	irm/ Company)	
(1)		
P O Box 15566		
	(Address)	
Pensacola, FL 32514		
(City/ S	State and Zip Code)	
For further information concerning this matter,	, please call:	
Nancy Pearson	at (<u>850</u>) <u>476-900</u>	
(Name of Contact Person)	(Area Code & Daytime	Telephone Number)
Enclosed is a check for the following amount:		
✓ \$35 Filing Fee \$\times \$43.75 Filing Fee & Certificate of Status	S43.75 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 of

Total Employee Benefits, Inc.			
(Name of corporation as currently filed with the Florida Dept. of State)	SECRE	08 MAR -	•
P06000096532	IAF ASS	70	•
(Document number of corporation (if known)	13.33 14.07 14.07	5 AM	r
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit</i> (adopts the following amendment(s) to its Articles of Incorporation:	Corpora		C
NEW CORPORATE NAME (if changing):			
Quality Delivery Service, Inc.			
(Must contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc (A professional corporation must contain the word "chartered", "professional association," or the abbreviation and the second of the second	reviation	"P.A.")	
AMENDMENTS ADOPTED- (OTHER THAN NAME CHANGE) Indicate Article and/or Article Title(s) being amended, added or deleted: (BE SPECIFIC)	ole Num	iber(s)	
1			
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(Attach additional pages if necessary)			
If an amendment provides for exchange, reclassification, or cancellation of issued sh for implementing the amendment if not contained in the amendment itself: (if not applied)	ares, pro	ovision	18 I/A
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(continued)

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The date of each amendment(s) adoption: 02/27/08
Effective date if applicable: 02/27/08
(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.
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)
Wayne Brown (Typed or printed name of person signing)
President
(Title of person signing)

FILING FEE: \$35