## P06000111357

Joseph A. Ferrez	LZA
Quick Quote Mort <b>gage Inc</b> 1059 E Brandon <b>Blod</b> Brandon, Fl. <b>33511</b>	
(Address) <b>813 - 376 - 3579</b> (City/State/Zip/Phone #)	
PłCK-UP WAIT	MAIL
(Business Entity Name) (Document Number)	,
Certified Copies Certificates of	Status
Special Instructions to Filing Officer:	
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NC News 3-20-09

Joseph A Ferrezza
813-376-3579
1059 East Brandon Alu
Brandon Fl 33511

## Articles of Amendment to Articles of Incorporation of

- Pryezza EntryOrises, In	<u>(                                    </u>	•
(Name of Corporation as currently filed wit	h the Florida Dept. of St	ate) 🥝
POLOCOLUSOZ		至 美
(Document Number of Corpor	ation (if known)	
•	•	To To
rsuant to the provisions of section 607.1006, Florida Sta	tutes, this Florida Profit	Corporation all pts th
llowing amendment(s) to its Articles of Incorporation:	•	\$
If amending name, enter the new name of the corporat	ion:	
MEGUDIKING Pros Plus Incorpo	oratta	
he new name must be distinguishable and contain t		
ncorporated" or the abbreviation "Corp.," "Inc.," or C		
Co". A professional corporation name must conto	in the word "chartere	d," "professional
sociation," or the abbreviation "P.A."		
Enter new principal office address, if applicable:	NIA	
rincipal office address MUST BE A STREET ADDRESS	)	
		<del></del>
	<del></del>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	MA	
If amending the registered agent and/or registered offi		ter the name of the
new registered agent and/or the new registered office a	<u>ıddress:</u>	
Name of New Registered Agent:		
Traine of Trem Register our Ligary	, <del></del>	
<u>New Registered Office Address</u> : (Fl	orida street address)	
		, Florida
	(City)	(Zip Code)
ew Registered Agent's Signature, if changing Registered		
hereby accept the appointment as registered agent. I a	m familiar with and acce	ept the obligations of t
osition.		,
Signature of No	ew Registered Agent, if ch	anging

<u>If amendi</u>	ng the Officers and/or Directors, e	enter the title and name of each officer	director being
removed :	and title, name, and address of eac	h Officer and/or Director being added	
(Attach ad	ditional sheets, if necessary)		
<u>Title</u>	Name	Address	Type of Action
			🚨 Add
			☐ Remove
			<del>_</del>
			🗖 Add
		<del></del>	Remove
			<del></del>
			🗖 Add
		<del></del>	Remove
	nding or adding additional Article		
(attach	additional sheets, if necessary). (E	se specific)	
		·· <del>·</del>	
•			
F Ifon	amandmant provides for an avaba	nge, reclassification, or cancellation of	icened shares
provis	sions for implementing the amend	ment if not contained in the amendmen	nt itself:
(if	not applicable, indicate N/A)	•	
		A CONTRACTOR OF THE CONTRACTOR	
·· <del>···································</del>			
	,		_

The date of each amendment	(s) adoption: 3 13 09
Effective date if applicable:	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/we by the shareholders was/we	re adopted by the shareholders. The number of votes cast for the amendment(s) are sufficient for approval.
	re approved by the shareholders through voting groups. The following statemen d 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)
	(voting group)
The amendment(s) was/we action was not required.	re adopted by the board of directors without shareholder action and shareholder
The amendment(s) was/we action was not required.	re adopted by the incorporators without shareholder action and shareholder
Dated 3	3/09
sele	a director, president or other officer – if directors or officers have not been exceed, by an incorporator – if in the hands of a receiver, trustee, or other court minted fiduciary by that fiduciary)
	(Typed or printed name of person signing)
	(Title of person signing)