Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H120001678873)))



H120001678873ABC

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.

Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : YOUR CAPITAL CONNECTION, INC.

Account Number : I20000000257

Phone : (850)224-8870

Fax Number : (850)222-1222

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

COR AMND/RESTATE/CORRECT OR O/D RESIGN RTQ, INC.

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$35.00

Anys

Electronic Filing Menu

Corporate Filing Menu

Help

JUN 2.7 2012 T. ROBERTS

June 26, 2012

47

FLORIDA DEPARTMENT OF STATE Division of Corporations

RTQ, INC. POST OFFICE BOX 50366 JACKSONVILLE BEACH, FL 32240

SUBJECT: RTQ, INC. REF: P06000027811

We received your electronically transmitted document. Nowever, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Sue Mccormick must sign document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tina Roberts Regulatory Specialist II FAX Aud. #: H12000167887 Letter Number: 712A00017439

P.O BOX 6327 - Tallahassee, Florida 32314

. 1

COVERLETTER

Division of Corporations		
NAME OF CORPORATION: RTQ, INC	· '•	
DOCUMENT NUMBER: P080000278	11	
The enclosed Articles of Amendment and fee are		
Please return all correspondence concerning this m	natter to the following:	
SUE McCORMI	CK	
RTQ, INC	Name of Contact Perso	חסת
	Firm/ Company	<u> </u>
P.O. BOX 50366	<u> </u>	
	Address	240
JACKSONVILLE		· · · · · · · · · · · · · · · · · · ·
	City/ State and Zip Cod	18
kmgroups@bellsout		
E-mail address: (to be t	used for future annual report	notification)
For further information concerning this matter, plea	ase call:	
Sue McCormick	a. (904	, 629-8863
Name of Contact Porson	Area Co	de & Daytimo Tolephone Number
Enclosed is a check for the following amount made	payable to the Plorida Dept	unner of State:
\$35 Piling Fee	Certified Copy (Additional copy is enclosed)	U\$52,50 Filing Fee Cortificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Amend Divisio Clifton 2661 E	Address ment Section n of Corporations Building xecutive Center Circle ssee. FL 12301

I

NO. 0694

FILED

Articles of Amendment to Articles of Incorporation of 12 JUN 26 AM 9: 15
SECRETARY OF STATE
TALLAHASSEE MORIDA

RIQ, INC.			- com a state the	त्र(भ्रि
(Name of Corporation as current	ly filed with the Pic	rida Dept. of State)		
P08000027811				
(Document Number	or of Corporation (if	urown)		
Pursuant to the provisions of section 607.1006, Plats Articles of incorporation;	orida Statutes, this F	orida Profit Corporation a	dops the following	amendment
. Ilnmending name, enter the new name of th	e corporations			
				The new
name must be distinguishable and contain the "Corp.," "Inc.," or Co.," or the designation "Corod" chartered." "professional association," or	.orp," "Inc." or "C	o". A professional corpore	oraled" or the ab ution name must c	breviation ontain the
l. <u>Enter new principal office address, if applica</u> Principal office address <u>MUST BE A STREET</u>				
•				
Enter new mailing address, if applicable; (Mailing address MAY BE A POST OFFICE	BOX)			
		•		
. If amending the registered agent and/or registered agent and/or the new register	stered office addressed office addresses	s in Florida, enter the nan	ne of the	
Name of New Registered Agent		···		
	(Florida street	adárass)		
New Registered Office Address:	(C) A	Florida_	(Zip Code)	
	(Cip)		(Zip Cobe)	
ow Rogistered Agont's Signature, if changing l hereby accept the appointment as registered agen	<u>Registered Agenti</u> ii, <i>I am fan</i> lliar wij.	and accept the obligations	of the position.	
·				
Signature of	New Registered Ago	nt, 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:

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:

Name Address

X Change PT John Doc (Address)

X Remove V Mike Jones (Address)

X Add SV Sally Smith (Address)

Type of Action

1)_	Change Add Remove	<u>VP</u>	Dorthy J Raidy 3716 Anvara Blvd. Jacksonville FL 32210
2) _ _ _	Change Add Remove	<u>VP</u>	Karen McGuire 1252 Pangola Drive Jacksonville, Fl 32205
3)	Change Add Remove	D	DAVID VALITSKY 96346 STARFISH DR JULEE FL 32097
4)_	Change Add Remove	<u>VP</u>	JOSEPH MORMINO, 3027 CALDER DR, LOT 366 JACKSONVILLE FL 32250
5)_	Change Add Remove		
6)_	Change Add Remove		

Page 2 of 4.

	ndding yddlfiongl Ar al sheets, if necessary)). (Bu spacific)	<u> </u>		
······································					
			,	,	
				- · · · · · · · · · · · · · · · · · · ·	
		•••			
***********		<u>,</u>			
			_ . "	· · ·	-
			· 		-
		B			···a
					
	· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·		
	· · · · · · · · · · · · · · · · · · ·	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
	· • • • • • • • • • • • • • • • • • • •			<u> </u>	
· · · · · · · · · · · · · · · · · · ·					
					
in pmendment ovisions for li	t provides for an easi mplementing the ame cable, Indicate N/A)	hongs, rechnsification adment if not conta	on, or cancollation a lined in the amenda	of issued shores, sept itself:	
(if not appin					
(у погарри					
(у погаруя					
(у погарри					
(у погарри					

The date of each amendment(s)	adoption: June 20, 2012
Effective date if applicable:	une 20, 2012
Zaneuskie	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CRECK ONE)
The amendment(s) was/were as by the shareholders was/were	dopted by the siturcholders. The number of votes cast for the amendment(s) sufficient for approval,
The amendment(s) wastwere a must be separately provided for	eproved by the shareholders through voting groups. The following statement we each voting group emitted to vox separately on the amendment(s):
	nt for the amountment(s) was/were sufficient for approval
ъу	(voling group)
The amendment(s) was/were as action was not required.	opted by the board of directors without shareholder action and shareholder
The amendment(s) was/were ad action was not required.	lopted by the incorporators without shareholder action and shareholder
Dented June 2	
(By a collected	McCormick directors or officer – If directors or officers have not been said by an incorporator – if in the hands of a receiver, trustee, or other court stad fiduciary by that fiduciary)
	Sue McCormick
	(Typed or printed name of person signing)
	President
	(Title of person signing)