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Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

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COR AMND/RESTATE/CORRECT OR O/D RESIGN HIGINO'S QUALITY SERVICES INC.

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Caral Mustain



April 19, 2010

FLORIDA DEPARTMENT OF STATE

Division of Corporations

HIGINO'S QUALITY SERVICES INC. 4259 BELLASOL CIR APT. 2014 FORT MYERS, FL 33916

SUBJECT: HIGINO'S QUALITY SERVICES INC.

REF: P10000027720

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

The date of adoption of each amendment must be included in the 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) 245-6916.

Carol Mustain Regulatory Specialist II FAX Aud. #: H10000087070 Letter Number: 410A00009587

Articles of Amendment to Articles of Incorporation of

HIGINO'S QUAL	ITY SERVICES, I	NC.	
(Name of Corporation as curren	itly filed with the Florid	a Dept. of State)	•
P100	00027720		
(Document Numb	per of Corporation (if known	wn)	
Pursuant to the provisions of section 607.1006, amendment(s) to its Articles of Incorporation:	Florida Statutes, this F	lorida Profit Corporation a	dopts the following
A. If amending name, enter the new name of	the corporation:		
name must be distinguishable and contain th abbreviation "Corp.," "Inc.," or Co.," or the a name must contain the word "chartered," "profe	lesignation "Corp," "Inc	c," or "Co". A professiona	
B. Enter new principal office address, if appli	cable:	`. - i	
(Principal office address <u>MUST BE A STREET</u> C. <u>Enter new mailing address, if applicable:</u> (Mailing address <u>MAY BE A POST OFFIC</u>)		ALLAHASSEE; FLORIB	FILED 10 APR 16 AM 10: 34
D. If amending the registered agent and/or re new registered agent and/or the new regist Name of New Registered Agent:	gistered office address i ered office address:	n Florida, enter the name o	f the
New Registered Office Address:	(Florida street d	address)	
<u>-</u>		, Florida, Varida	
	(City)	(Zip Code)	
New Registered Agent's Signature, if changing I hereby accept the appointment as registered ag			the position.

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)

<u>Title</u>	<u>Name</u>	Address	Type of Action
<u> </u>	THIARLLES S HIGINO	4259 BELLASOL CIR #2014 FORT MYERS, FL 33916	
			_
	dditional sheets, if necessary). (Be sp		
provisio	nendment provides for an exchange, pons for implementing the amendment of applicable, indicate N/A)	reclassification, or cancellation of is if not contained in the amendment	sued shares. Itself:

7	, e tam		•		
The date of each amendmen	ıt(s) adoption:	4/10	5/10	· · · · · · · · · · · · · · · · · · ·	
Effective date <u>if applicable</u> :	04/16/2010	(date of add	option is required	l)	
Effective date it appreciate.		90 days after a	mendment file do	ite)	
Adoption of Amendment(s)	(CH	IECK ONE)			
The amendment(s) was/w by the shareholders was/w			The number of	votes cast for th	e amendment(s)
The amendment(s) was/w must be separately provide					
"The number of votes	s cast for the amen	ndment(s) was	were sufficient f	or approval	
by	(voting group)	.	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
The amendment(s) was/w action was not required.	ere adopted by the	board of dire	ctors without sha	reholder action	and shareholder
The amendment(s) was/w action was not required.	ere adopted by the	incorporators	without shareho	lder action and	shareholder
Dated_04/	16/2010		 -		
Signature _	Elic	as High	0 5r		
se	y a director, presidented, by an incorporated fiduciary	porator - if in	the hands of a re		
		ELIAS D.	S. HIGINO JE	₹	
	(Ту	ped or printed	name of person	signing)	
			PRESIDENT	, 	
	(Title o	of person signi	ng)		