P1000070781

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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Anend.
11/8/10



FLORIDA DEPARTMENT OF STATE Division of Corporations

October 22, 2010

MARLENE MOZO E-Z QUICK SERVICE. CORP 5605 N.W. 7TH STREET, APT. A-116 MIAMI, FL 33126

SUBJECT: E-Z QUICK SERVICE. CORP

Ref. Number: P10000070781

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The document you submitted has been prepared pursuant to nonprofit statutes (chapter 617, Florida Statutes). As the entity was originally filed as a corporation for profit, this document should be filed pursuant to chapter 607, Florida Statutes.

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6906.

Darlene Connell Regulatory Specialist II

Letter Number: 310A00025050

D' ' CO CONTRA DO DOV COOR Mallabarra Elanda 9001

COVER LETTER

TO: Amendment Section Division of Corporations					
NAME OF CORPORATION: E-Z-Q	urck service				
DOCUMENT NUMBER: P100067678)					
The enclosed Articles of Amendment and fee are su	abmitted for filing.				
Please return all correspondence concerning this ma	atter to the following:				
Manera	MOZO of Contact Person				
SEE E-Zauck S	m/Company				
SECRETAL AND SECRETARISE FILORING SECRETARISE FILOR	787. Apt A:116 Address				
E Miami, FL 33122 City/ State and Zip Code					
Malenemozo Comail Com E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call: Mollow Mozo at (486) 372 - 5112 Name of Contact Person Area Code & Daytime Telephone Number					
Enclosed is a check for the following amount made	payable to the Florida Department of State:				
□ \$35 Filing Fee □ \$43.75 Filing Fee & Certificate of Status	□ \$43.75 Filing Fee & □ \$52.50 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	Street Address				
Division of Corporations	Amendment Section Division of Corporations				
P.O. Box 6327	Clifton Building				
Tallahassee, FL 32314	2661 Executive Center Circle				

Tallahassee, FL 32301

I marlene mozo have already sent in my money order of \$135.00 the first time that I tried to do the removeal. You all stayed with the money order the first time. Thenk you.

Marlene Mozo

Articles of Amendment

Articles of Incorporation

,	of			
E-Z QUIO	CK SERVICE. CO	ORP		
(Name of Corporation as currently	filed with the Florid	a Dept. of State)	<u></u>	
FOUNDE	1751			
(Document Number o	f Corporation (if kno	own)		
Pursuant to the provisions of section 607.1006, Floumendment(s) to its Articles of Incorporation:	orida Statutes, this F	lorida Profit Corpord	ation adopts the	followir
A. If amending name, enter the new name of the o	corporation:			
	· · · · · · · · · · · · · · · · · · ·		The r	
name must be distinguishable and contain the wathbreviation "Corp.," "Inc.," or Co.," or the designame must contain the word "chartered." "profession	mation "Corp," "Inc	z," or "Co". A profe	essional corporat	
B. Enter new principal office address, if applicabl	e:		29g	
Principal office address <u>MUST BE A STREET AD</u>	DRESS)	-	5 C	i uldým dý
	, -		- ¥ 2	2 12
		<u></u>	<u> </u>	THE STATE OF
2. Enter new mailing address, if applicable:				Same and
(Mailing address <u>MAY BE A POST OFFICE BO</u>	<u> </u>		<u>िश्</u> रिक	C. T.
	<u></u>			
			<u>, </u>	
). If amending the registered agent and/or register		n Florida, enter the r	name of the	
new registered agent and/or the new registered	office address:			
Name of New Registered Agent:				
New Registered Office Address:	(Florida street a	address)		
		Flori	da	
	(City)	(Zip Code)		
New Registered Agent's Signature, if changing Re	gistered Agent:			
hereby accept the appointment as registered agent.		md accept the ohligati	ons of the positio	<i>m</i> .
Signate	re of New Registered	d 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)

Title	Maxlene Mozo	Address 5605 NW 7st. Alt-Allb Miani, FL 3312	Type of Action Add Remove
	iding or adding additional Articles, enter		
provisi	mendment provides for an exchange, recions for implementing the amendment if not applicable, indicate N/A)		

	(s) adoption: $11-2-10$
The date of each amendment((date of adoption is required)
Effective date if applicable:	
	(no more than 90 days after amendment file date)
•	
Adoption of Amendment(s)	(<u>CHECK ONE</u>)
The amendment(s) was/wer by the shareholders was/we	re adopted by the shareholders. The number of votes cast for the amendment(s) re sufficient for approval.
The amendment(s) was/wer must be separately provided	e approved by the shareholders through voting groups. The following statement d for each voting group entitled to vote separately on the amendment(s):
"The number of votes of	east for the amendment(s) was/were sufficient for approval
by	(voting group)
The amendment(s) was/wer action was not required.	e adopted by the board of directors without shareholder action and shareholder
The amendment(s) was/wer action was not required.	e adopted by the incorporators without shareholder action and shareholder
Dated	Marlene Mozo
Signature	Marlene Mosso
(By a selec	a director, president or other office—if directors or officers have not been eted, by an incorporator—if in the hands of a receiver, trustee, or other court sinted fiduciary by that fiduciary)
	Mailue mozo (Typed or printed name of person signing)
	(Title of person signing)