P10000099803

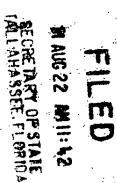
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Amend. 8/24/11 D

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION:	QUALITY ASS	URANCE	PAINTING	INC
DOCUMENT NUMBER:	F	P10000099803		
The enclosed Articles of Amend	ment and fee are submitted f	or filing.		
Please return all correspondence	concerning this matter to the	following:		
	TIMOTHY GRI	JBBS		
	Name of Contact I	'erson		
	Firm/ Compar	ıy		<u>. </u>
	33737 SHADY AC	RES RD		·
	Address			
	LEESBURG, FL City/ State and Zip			
	olsonins@lcia.com			
E-mail a	ddress: (to be used for future annu	al report notifica	ation)	.
For further information concerni	ng this matter, please call:		• •	
TIMOTHY GRU		52)	483-6915	5
Name of Contact Perso			ime Telephone N	
Enclosed is a check for the follow	ving amount made payable to	the Florida	Department of	State:
	e of Status Certifie	Filing Fee & d Copy nal copy is encl	Certi osed) Certi	50 Filing Fee ficate of Status ified Copy litional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Division Clifton B	ent Section of Corporation		

Tallahassee, FL 32301

Articles of Amendment **Articles of Incorporation**

QUALITY ASSURANCE PAINTING, INC. (Name of Corporation as currently filed with the Florida Dept. of State)

P10000099803

(Document Number of Corporation (if known)

	of the corporation:	
		The n
ame must be distinguishable and contain bbreviation "Corp.," "Inc.," or Co.," or th ame must contain the word "chartered," "pr	ne designation "Corp," "Inc," o	or "Co". A professional corporati
. Enter new principal office address, if ap Principal office address <u>MUST BE A STRE</u>		
		
Enter new mailing address, if applicable (Mailing address MAY BE A POST OFF		
	<u> </u>	
,		
. If amending the registered agent and/or new registered agent and/or the new reg		lorida, enter the name of the
Name of New Registered Agent:		
New Registered Office Address:	(Florida street add	ress)
	•	, Florida
	((21)	(Zip Code)
	(City)	

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>	<u>Address</u>	Type of Action
	TRAVIS CHAMPION	33737 SHADY ACRES RD LEESBURG, FL 34788	☑ Add □ Remove
		•	
-			
	ling or adding additional Articles, enditional sheets, if necessary). (Be sp		
			<u>.</u>
provisio	nendment provides for an exchange, ns for implementing the amendment of applicable, indicate N/A)		

The date of each amendmen	ıt(s) adoption: <u>(</u>	08/19/11
Effective date <u>if applicable</u> :	08/19/11	(date of adoption is required)
, , ,	(no more than	n 90 days after amendment file date)
Adoption of Amendment(s)	(<u>C</u>	CHECK ONE)
The amendment(s) was/w by the shareholders was/w		he shareholders. The number of votes cast for the amendment(sor approval.
		the shareholders through voting groups. The following statemeng group entitled to vote separately on the amendment(s):
"The number of votes	s cast for the ame	endment(s) was/were sufficient for approval
by		,,, ,,,
	(voting group)	
The amendment(s) was/we action was not required.	ere adopted by th	he board of directors without shareholder action and shareholde
The amendment(s) was/we action was not required.	ere adopted by th	ne incorporators without shareholder action and shareholder
Dated_08/*	19/11	
Signature _	//h	
		or other officer – if directors or officers have not been orporator – if in the hands of a receiver, trustee, or other court
		by that fiduciary)
		TIMOTHY GRUBBS
	(T)	yped or printed name of person signing)
		PRESIDENT
	(Title	of person signing)