

P10000103298

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

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MAIL

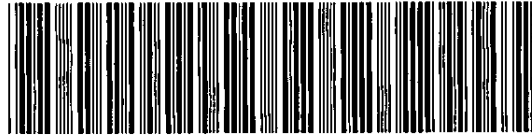
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
DIVISION OF CORPORATIO  
13 SEP -3 PM 3:45

SEP - 5 2013

T. BROWN

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** M.Q. Health Compliance Group, Inc.  
Name of Corporation

**DOCUMENT NUMBER:** P10000103298

The enclosed Articles of Correction and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Yvelsis Acosta  
Name of Contact Person

M.Q. Health Compliance Group, Inc.  
Firm/Company

330 SW 27 AVE # 504  
Address

Miami, FL 33155  
City/State and Zip Code

Yulias8@aol.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Yvelsis Acosta at (786) 468 3034  
Name of Contact Person      Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |   |
|--|---|
| <input type="checkbox"/> \$35.00 Filing Fee                  | <input type="checkbox"/> \$43.75 Filing Fee & Certificate of Status                 |
| <input type="checkbox"/> \$43.75 Filing Fee & Certified Copy | <input type="checkbox"/> \$52.50 Filing Fee, Certificate of Status & Certified Copy |

**Mailing Address:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 28, 2013

YUELSIS ACOSTA  
M.Q. HEALTH COMPLIANCE GROUP, INC.  
330 SW 27 AVE #504  
MIAMI, FL 33155

SUBJECT: M.Q. HEALTH COMPLIANCE GROUP, INC.  
Ref. Number: P10000103298

We have received your document for M.Q. HEALTH COMPLIANCE GROUP, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

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.

Teresa Brown  
Regulatory Specialist II

Letter Number: 813A00016180

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
13 SEP -3 PM 3:45

Articles of Amendment  
to  
Articles of Incorporation  
of

M.Q. Health Compliance Group, Inc.

(Name of Corporation as currently filed with the Florida Dept. of State)

P10000103298

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this **Florida Profit Corporation** adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

*The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co." A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."*

B. Enter new principal office address, if applicable:  
(Principal office address **MUST BE A STREET ADDRESS**)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

C. Enter new mailing address, if applicable:  
(Mailing address **MAY BE A POST OFFICE BOX**)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent \_\_\_\_\_

\_\_\_\_\_  
(Florida street address)

New Registered Office Address: \_\_\_\_\_, Florida \_\_\_\_\_  
(City) (Zip Code)

**New Registered Agent's Signature, if changing Registered Agent:**

*I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.*

\_\_\_\_\_  
Signature of New Registered 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)

Please note the officer/director title by the first letter of the office 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:

☒ Change PT John Doe

☒ Remove V Mike Jones

☒ Add SV Sally Smith

Type of Action  
(Check One)

Title

Name

Address

- 1) ☒ Change P Moises Acosta 330 SW 27 Ave #504  
☐ Add Miami FL 33135  
☐ Remove \_\_\_\_\_
- 2) ☐ Change Secretary Moises Acosta 330 SW 27<sup>th</sup> Ave #504  
☒ Add Miami FL 33135  
☐ Remove \_\_\_\_\_
- 3) ☐ Change \_\_\_\_\_  
☐ Add \_\_\_\_\_  
☐ Remove \_\_\_\_\_
- 4) ☐ Change \_\_\_\_\_  
☐ Add \_\_\_\_\_  
☐ Remove \_\_\_\_\_
- 5) ☐ Change \_\_\_\_\_  
☐ Add \_\_\_\_\_  
☐ Remove \_\_\_\_\_
- 6) ☐ Change \_\_\_\_\_  
☐ Add \_\_\_\_\_  
☐ Remove \_\_\_\_\_

Please change Moises Acosta as President and add him as the Secretary of the company.

**E. If amending or adding additional Articles, enter change(s) here:**

*(Attach additional sheets, if necessary). (Be specific)*

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**F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:**

*(if not applicable, indicate N/A)*

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The date of each amendment(s) adoption: \_\_\_\_\_, if other than the date this document was signed.

Effective date if applicable: \_\_\_\_\_  
(no more than 90 days after amendment file date)

Adoption of Amendment(s) (CHECK ONE)

- ☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
- ☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided 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)

- ☒ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.
- ☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Dated 08/20/2013

Signature Rosquin Duany Gonzalez  
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

Rosquin Duany - Gonzalez  
(Typed or printed name of person signing)

Owner / President  
(Title of person signing)