P110000002563

(Req	uestor's Name)	
(Add	ress)	
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(Doc	ument Number)	<u>. </u>
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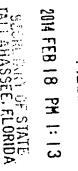
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2/18/14

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATIO	N: Quikaid, Inc.				
DOCUMENT NUMBER:	P11000002563				
The enclosed Articles of Ame	endment and fee are sul	omitted for filing.			
Please return all corresponde	nce concerning this mat	ter to the following:			
		William Wright			
Name of Contact Person					
	Quikaid, Inc.				
	Firm/ Company				
695 Central Avenue					
	0-1	Address	3704		
	Saint Petersburg, FL 33701				
City/ State and Zip Code					
	V	villiam.w@quikaid.co	om		
E	-mail address: (to be us	ed for future annual report	notification)		
For further information conce	erning this matter, pleas	e call:			
William Wright			_) 498-8956		
Name of Con	act Person	Area Co	de & Daytime Telephone Number		
Enclosed is a check for the fo	ollowing amount made p	payable to the Florida Depa	artment of State:		
■ \$35 Filing Fee	\$43.75 Filing Fee & Certificate of Status	☐\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
P.O. Box 6	t Section Corporations	Amend Divisio Clifton 2661 E	Address ment Section on of Corporations Building xecutive Center Circle assee, FL 32301		

Articles of Amendment to Articles of Incorporation of

FILED

	of Quikaid Inc	21	014 FEB 18	PH 1: 13
Quikaid, Inc. (Name of Corporation as currently filed with the Florida Dept. of State)		da Dont of State)	or of ARY	
(Name of Corporation as	P11000002563	Ti	SEUNCIARY I ALLAHASSEE	' ELOKINA
(Docume)	nt Number of Corporation (if kn			
	•			
ursuant to the provisions of section 607. s Articles of Incorporation:	1006, Florida Statutes, this <i>Flor</i>	ida Projit Corporation a	gopts the followi	ng amendmenus
If amending name, enter the new na	me of the corporation:			
1 1 1 1 1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			The new
ame must be distinguishable and con Corp.," "Inc.," or Co.," or the design ord "chartered." "professional associa	ation "Corp," "Inc," or "Co"	. A professional corpor	ation name mus	contain the
Enter new principal office address,				
Principal office address <u>MUST BE A S</u>	<u>IREE1 ADDRESS</u>) -			_
	-			_
Enter new mailing address, if apple (Mailing address MAY BE A POST				_
	_			_
	_		· · · · ·	_
. If amending the registered agent an		in Florida, enter the na	me of the	
new registered agent and/or the new	•			
Name of New Registered Agent	William Wright			
Name of New Registered Agent	695 Central Avenue			
Name of New Registered Agent	695 Central Avenue	ddress)	-	
Name of New Registered Agent New Registered Office Address:	695 Central Avenue	ddress), Florida	33701 (Zip Code)	

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: X Change	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	С	David P. Wright	695 Central Avenue
Add			Saint Petersburg, FL 33701
X Remove		•	
2) Change	Р	William J. Wright	695 Central Avenue
Add			Saint Petersburg, FL 3370
X Remove			
3) Change	<u>P</u>	William Wright	695 Central Avenue
X Add		(Please remove his	Saint Petersburg, FL 3370
Remove		middle initial)	
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			water the second
Add			
Remove			

ttach additional sheets, if necessary)). (Be specific)
	Addition to the second
 .	
	
	,
	The state of the s
an amendment provides for an exc	schange, reclassification, or cancellation of issued shares, mendment if not contained in the amendment itself:
(if not applicable, indicate N/A)	nendment if not contained in the amendment itself:
(i) not appropriate (marcute (mir))	
·	

date this document was signed.	pron.	II other than th
Effective date if applicable:		_
	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adop by the shareholders was/were suff	ted by the shareholders. The number of votes east for the amendment(s) Teient for approval.	
	oved by the shareholders through voting groups. The following statement ach voting group entitled to vote separately on the amendment(s):	
"The number of votes east fo	or the amendment(s) was/were sufficient for approval	
by	(voting group)	
The amendment(s) was/were adopaction was not required.	ted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were adopted action was not required.	ted by the incorporators without shareholder action and shareholder	
Dated 2/11/20	14	
selected,	ector president or other officer – if directors or officers have not been by an incorporator – if in the hands of a receiver, trustee, or other court d fiduciary by that fiduciary)	_
	William Wright	
-	(Typed or printed name of person signing)	_
_	President	
	(Title of person signing)	