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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORP	ORATION: BEST QUALITY	RESEARCH INC	
DOCUMENT NU	P12000008647		
The enclosed Artic	les of Amendment and fee are su	ibmitted for filing.	
Please return all co	rrespondence concerning this ma	itter to the following:	
	ABNER CASTRO RAMIRI	EZ	
		Name of Contact Person)
	BEST QUALITY RESEARC	CHINC	
		Firm/ Company	
	2387 W 68 ST SUITE 403		
		Address	
	HIALEAH, FL 33016		
		City/ State and Zip Cod	e
	abnerbestquality@gmail.con	1	
	E-mail address: (to be u	sed for future annual report	notification)
For further informa	tion concerning this matter, plea	se call:	
ABNER CASTRO	RAMIREZ	786 at (424-3860
Nan	ne of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check	for the following amount made	payable to the Florida Depa	artment of State:
S35 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)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

REST QUALITY RESEARCH INC.

BEST QUALITY RESEARCH INC		
(Name of Corporation as curr	ently filed with the Florida Dept. o	f State)
(Document Numb	per of Corporation (if known)	
(E)Scument Namo	cr of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, tits Articles of Incorporation:	this <i>Florida Profit Corporation</i> adop	ots the following amendment(s) to
A. If amending name, enter the new name of the corporation	<u>1:</u>	
		The new
name must he distinguishable and contain the word "corporation, "Inc.," or Co.," or the designation "Corp," "Inc," or "Co" "chartered," "professional association," or the abbreviation "P	". A professional corporation nam	the abbreviation "Corp.,"
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 we will also resistant and agent and to manistant of figure	address in Flankla, antar the name	of the
D. If amending the registered agent and/or registered office and new registered agent and/or the new registered office add		or the
Name of New Registered Agent		
(Florid	la street address)	
New Registered Office Address:	, F	lorida
	(City)	(Zip Code)
		15 A
		12.19 Codes
New Registered Agent's Signature, if changing Registered As	gent:	ال '' ت
I hereby accept the appointment as registered agent. I am famil	nar with and accept the obligations o	
		FILED 3 10 P 3 R COR
		P P O 3
Signature of Ne	w Registered Agent, if changing	
		2: 08 TAIE ORIDA
Check if applicable ☐ The amendment(s) is/are being filed pursuant to s. 607.0120 ((11)(e) FS	
- The amendment(s) is are semigrined parsuant to st 007.0120 (/ /	

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)

Example:

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.

X Change	<u> P1</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	P	IVAN B FERRER	2387 W 68 STREET SUITE #403
Add	_		HIALEAH, FL 33016
X Remove 2) Change	P	TRUST & INVESTMENT HOLDIN	2387 W 68 ST SUITE #403
X Add			HIALEAH, FL 33016
Remove 3) Change			
Add			<u> </u>
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	additional sheets, if necessary).	cles, enter change(s) here: (Be specific)		
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				· · · · · · · · · · · · · · · · · · ·
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£	mendment provides for an exch	ange, reclassification, or	cancellation of issued sha	res,
i an a	sions for implementing the ame	ndment if not contained in	the amendment itself:	
provi	f not applicable, indicate N/A)			
provi	, , , , , , , , , ,			
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	idoption:	, if other than the
date this document was signed.		
Effective date if applicable:		
	(no more than 90 days after amendment file d	late)
Note: If the date inserted in this document's effective date on the D	block does not meet the applicable statutory filing requirent epartment of State's records.	nents, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were ac action was not required.	opted by the incorporators, or board of directors without sha	reholder action and shareholder
☑ The amendment(s) was/were act by the shareholders was/were s ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐	opted by the shareholders. The number of votes east for the ufficient for approval.	amendment(s)
	proved by the shareholders through voting groups. The following group entitled to vote separately on the amend	
"The number of votes cas	for the amendment(s) was/were sufficient for approval	
by		
,	(voting group)	
02/04/202 Dated	5	
Signature	EDS//	
selecti	lirector, president or other officer – if directors or officers had, by an incorporator – if in the hands of a receiver, trustee, ned fiduciary by that fiduciary)	
	ABNER CASTRO RAMIREZ	
	(Typed or printed name of person signing)	
	VP	
	(Title of person signing)	