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## **COVER LETTER**

TO: Amendment Section

P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations NAME OF CORPORATION: A Quality Handyman Services Inc. **DOCUMENT NUMBER:** The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Linda Oben Name of Contact Person A Quality Handyman Services Inc. Firm/ Company 5264 Sunset Ct Address Cape Coral, FI 33904 City/ State and Zip Code lindaoben@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Linda Oben Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: **\$35** Filing Fee **□\$43.75** Filing Fee & **□\$43.75** Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) Street Address **Mailing Address** Amendment Section Amendment Section Division of Corporations Division of Corporations

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

A Quality Handyman Se	
	s currently filed with the Florida Dept. of State)
45-5025672	ent Number of Corporation (if known)
	• • •
Pursuant to the provisions of section 607, its Articles of Incorporation:	1.1006. Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amendment(s)
A. If amending name, enter the new na	ame of the corporation:
	The new
name must be distinguishable and con "Corp" "Inc" or Co.," or the design word "chartered," "professional associa	ntain the word "corporation," "company," or "incorporated" or the abbreviation nation "Corp," "Inc," or "Co". A professional corporation name must contain the
B. Enter new principal office address, (Principal office address MUST BE A S	
C. Enter new mailing address, if appli (Mailing address MAY BE A POST)	
<del></del>	
<ul> <li>If amending the registered agent an new registered agent and/or the nev</li> </ul>	nd/or registered office address in Florida, enter the name of the was registered office address:
Name of New Registered Agent	Linda Oben
	5264 Sunset Ct
	(Florida street address)
New Registered Office Address:	Cape Coral , Florida 3390 ₹ ₹
	(City) (Zip Colo) 8
	SSE 22
New Registered Agent's Signature, if c	changing Registered Agent:
I hereby accept the appointment as regist	tered agent. I am familiar with and accept the obligations of the position
<del></del>	ignature 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: X Change	<u>PT</u>	John D	<u>oe</u>	
X Remove	<u>v</u>	Mike Jo	<u>ones</u>	
X Add	<u>sv</u>	Sally S	<u>mith</u>	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	<u>Addres</u> s
1) X Change	PT	<del></del>	Linda Oben	5264 Sunset ct Cape Coral FI, 33904
Add				<del></del>
Remove				
2) Change	S		Larry Lee Ellis Jr	2327 Unity Ave. Ft Myers, Fl 33901
X Add				
Remove	_			
3) Change	<u>P</u>	_	Donald J Hayward	5264 Sunset Ct Cape Coral FI, 33904
Add				
X Remove				
4) Change	<del></del>	<del>-</del>		
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add				
Remove				

f amending or adding additional Artic Attach additional sheets, if necessary).	(Be specific)
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provisions for implementing the amer	ange, reclassification, or cancellation of issued shares, ndment if not contained in the amendment itself:
(if not applicable, indicate N/A)	

The date of each amendment(s) ad	toption: 10 15 12
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CUECK ONE)
Auchanient(s)	(CHECK ONE)
The amendment(s) was/were ado by the shareholders was/were sur	opted by the shareholders. The number of votes cast for the amendment(s) fficient for approval.
	proved by the shareholders through voting groups. The following statement 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)
	(voting group)
The amendment(s) was/were ado action was not required.	opted by the board of directors without shareholder action and shareholder
The amendment(s) was/were ado action was not required.	opted by the incorporators without shareholder action and shareholder
Dated 10	15/12
Signature	
	irector, president or other officer – if directors or officers have not been d, by an incorporator – if in the hands of a receiver, trustee, or other court
	ted fiduciary by that fiduciary)
	LINDA OBENI
•	(Typed or printed name of person signing)
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