P12000034999

(Re	equestor's Name)	
(Ad	ldress)	
(Ac	idress)	
(Cit	ty/State/Zip/Phone	e #)
	☐ WAIT	
(Bu	usiness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	Certificates	s of Status
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12 OCT 30 PH 2: 24

Amend 11/2/12

COVER LETTER

TO: Amendment Section

Division of Corporations

NAME OF CORPORATION: | Que International Corp. DOCUMENT NUMBER: P12000036989 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Max M. Hagen Name of Contact Person Hagen & Hagen, P.A. Firm/ Company 3531 Griffin Rd Address Ft. Lauderdale, FL 33312 City/ State and Zip Code mhagen@hagenlawfirm.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: $at \, (\frac{954}{\text{Area Code \& Daytime Telephone Number}})$ Max M. Hagen 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) **Mailing Address** Street Address Amendment Section Amendment Section **Division of Corporations** Division of Corporations P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of



QUE INTERNATIONAL CORP.		
(Name of Corporation as currently filed with th	e Florida Dept. of State)	
P12000036989		
(Document Number of Corporation	n (if known)	
ursuant to the provisions of section 607.1006, Florida Statutes, the Articles of Incorporation:	sis Florida Profit Corporation add	opts the following amendment(s
If amending name, enter the new name of the corporation:		
		The new
ame must be distinguishable and contain the word "corpord Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," o ord "chartered," "professional association," or the abbreviatio	"Co". A professional corporal	ated" or the abbreviation ion name must contain the
B. Enter new principal office address, if applicable: Principal office address <u>MUST BE A STREET ADDRESS</u>)	N/A	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A	
D. If amending the registered agent and/or registered office a new registered agent and/or the new registered office address agent and/or the new registered office address agent agent agent	Idress in Florida, enter the namess:	e of the
(Florida	street address)	
New Registered Office Address:	, Florida	
	(V)	(Zip Code)

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: X Change	PT John	Doe	
X Remove	<u>V</u> <u>Mike</u>	Jones	·
X Add	SV Sally	Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	PSD	Albert Malka	6158 NW 53 Circle
X Remove			Coral Springs, FL 33067
2) X Change	PSD	Michael H.S. Malka	6158 NW 53 Circle
Add			Coral Springs, FL 33067
Remove			
3) Change			
Add			
4) Change	. ,,,		
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	ng additional Artic ets, if necessary).	(Be specific)			
					
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amendment pro	ovides for an excha	nge, reclassification	on, or cancellation	n of issued shares,	
<u>visions for imple</u>	menting the amen	dment if not conta	ined in the amen	dment itself:	
(if not applicable	z, indicate N/A)				
					
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2	<i>N</i>	/			
	<i>N</i>	<u> </u>			
<i></i>	<i>N</i>				
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	<i>N</i>				

The date of each amendment(s) adoption: October 15,2012
Effective date if applicable: October 15, 2012
(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)
(voling 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 /
Signature
(By a director, president or other officer - if directors or officers have not been
selected, by an incorporator \mathcal{L} if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
Albert Malka
(Typed or printed name of person signing)
Pres
(Title of person signing)