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13 1/64 - 1 PM 5: 02 SECRETARY OF STATE

NOV 05 2013 R. WHITE

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPO	RATION: QUALITY S	SURFACE INST	TALLATION INC		
DOCUMENT NUMI	BER: P1200009084	8			
	of Amendment and fee are sul				
Please return all corre	spondence concerning this mat	ter to the following:			
	OSVALDO DO SA	ANTOS			
	Name of Contact Person				
	7125 HOLLOWE	Firm/ Company			
		Address			
	TAMPA FL 33634	1			
		City/ State and Zip Code	e		
For further information	E-mail address: (to be us	ed for future annual report	notification)		
OSVALDO DO SANTOS		_{at (} 813	516-4470		
Name	of Contact Person		de & Daytime Telephone Number		
Enclosed is a check for	or the following 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)		
Am Div P.O	iling Address endment Section ision of Corporations Box 6327 lahassee, FL 32314	Ameno Divisio Clifton 2661 E	Address Iment Section on of Corporations Building Executive Center Circle assee, FL 32301		

Articles of Amendment to Articles of Incorporation

FILED

13 NOV -1 PM 5:02

QUALITY SURFACE INSTALLATION INC

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

SECRETARY OF STATE TALLAHASSEE, FLORIDA

to

P12000090848	- Comp		
(Document Number of Corporation (if known)		
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s)		
A. If amending name, enter the new name of the corporation:			
	The new		
name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation "	'Co". A professional corporation name must contain the		
B. Enter new principal office address, if applicable:	7125 Hollowell Dr		
(Principal office address MUST BE A STREET ADDRESS)	Tampa FL 33634		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	7125 Hollowell Dr		
	Tampa FL 33634		
D. If amending the registered agent and/or registered office add new registered agent and/or the new registered office addres			
Name of New Registered Agent	_		
(Florida st	reet 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	t: 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 <math>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>	Name	Address	
1) Change	VP_	BETHANIA A. GOMES	7125 Hollowell Dr	
Add			Tampa FL 33634	
Remove				
2) Change	VP	SILVA, FRANCISCO B	8203 BRIAN GATE CT	
Add			TAMPA, FL 33615	
Remove				
3) Change	D	DE OLIVEIRA, JHON MAY	4302 GUN HWY APT 804	
Add			TAMPA, FL 33618	
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
6) Change	_,			
Add	. —			
Remove				

	<u>cles, enter change(s) here</u> : (Be specific)
If	nange, reclassification, or cancellation of issued shares,
provisions for implementing the ame	endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	The state of the s

The date of each amendment(s) adoption: 10/29/2013	, 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 10/29/2013	
Signatur 6/4400 COM	
(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)	-
Osvaldo Dos Santos	
(Typed or printed name of person signing)	_
PRESIDENT	_
(Title of person signing)	-