P13000062845

(Red	questor's Name)	
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(Cit	y/State/Zip/Phon	e #)
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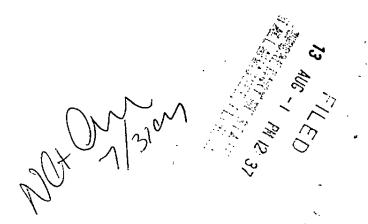
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COVER LETTER

TO: Amendment Section

Division of Corporations NAME OF CORPORATION: SUPPLIES QUEST, INC. DOCUMENT NUMBER: P13000062845 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Frances C. Lowe, Esquire Name of Contact Person GUILDAY LAW - Guilday, Schwartz, Simpson, West, Hatch & Lowe, P.A. Firm/ Company 3042 Crawfordville Highway Address Crawfordville, Florida 32327 City/ State and Zip Code dproulx@equestcorp.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: $at \, (\underbrace{850}_{Area \; Code} \underbrace{224\text{-}7091}_{\& \; Daytime \; Telephone \; Number}$ Chris Gibson 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

2661 Executive Center Circle Tallahassee, FL 32301

Clifton Building

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

Articles of Amendment to Articles of Incorporation of

(Name of Corporation as currently filed	l with the Florid	a Dept. of State)		
P13000062845		,		
(Document Number of Co	orporation (if kno	wn)		
Pursuant to the provisions of section 607.1006, Florida S its Articles of Incorporation:	tatutes, this Flore	ida Profit Corporation ad	opts the following	amendment(s) to
A. If amending name, enter the new name of the corp	oration:			
SUPPLIESQUEST, INC.				The new
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp," word "chartered," "professional association," or the ab	"Inc," or "Co".	A professional corpora	rated" or the ab	breviation
B. Enter new principal office address, if applicable:			3: X	
(Principal office address MUST BE A STREET ADDR.	<u>ESS</u>)			E 71
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BOX</u>)	 			LED LED
D. If amending the registered agent and/or registered new registered agent and/or the new registered of		n Florida, enter the nam	e of the	
Name of New Registered Agent				
	(Florida street a	ddress)		
New Registered Office Address:		, Florida_		
	(City)		(Zip Code)	
New Registered Agent's Signature, if changing Regist I hereby accept the appointment as registered agent. I c		<u> </u>	s of the position.	

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 Doc	
X Remove	<u>v</u>	Mike Jones	
_ <u>X</u> Add	 <u>SV</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change			3042 Crawfordville Highway
Add			
Remove			
2) Change			_
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			_
Add			
Remove			
5) Change			
Add	<u> </u>		
Remove			
6) Change			
Add			
Remove			

	heets, if necessary).	(Be specific)			
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	provides for an exc	change, reclassifi	ication, or cancel	ation of issued sh	ares,
f an amendment j		andmost if not a	ontained in the a	mendment itself:	
provisions for im	plementing the am	tenument ii not t			
provisions for im	plementing the amable, indicate N/A)	tenument it bot t			
provisions for im	plementing the am	iendment if not t			
provisions for im	plementing the am	endment if not t		<u></u>	
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The date of each amendment(s) ad	July 26, 2013	, if other than the
date init document was signed.		
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders. The number of votes cast for the amendment(s) fficient for approval.	
	roved 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 add action was not required.	pted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were add action was not required.	pted by the incorporators without shareholder action and shareholder	
Dated July	31, 2013	
Signature	M/2	
selecte	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)	
	David Proulx	_
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	

COVER LETTER

TO: Amendment Section Division of Corporations

Division of Corp	Otations			
	RATION: SUPPLIES		· · · · · · · · · · · · · · · · · · ·	
DOCUMENT NUMI	BER: P1300006284	5		
The enclosed Articles	of Amendment and fee are sul	bmitted for filing.		
Please return all corre	spondence concerning this mat	tter to the following:		
	Frances C. Lowe	, Esquire		
		Name of Contact Persor	1	
	GUILDAY LAW - Guilda	y, Schwartz, Simpson,	West, Hatch & Lowe, P.A.	
		Firm/ Company		
	3042 Crawfordvill	le Highway		
		Address		
	Crawfordville, Flo	rida 32327		
		City/ State and Zip Code	2	
dni	roulx@equestcorp	com		
<u>ap</u> 1		ed for future annual report	notification)	
	`	•	,	
For further informatio	n concerning this matter, pleas	e call:		
Chris Gibsor	1	at (850	、224-7091	
Name of Contact Person		Area Co	de & Daytime Telephone Number	
Enclosed is a check fo	or the following amount made p			
	, I	,		
■ \$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)	
Mailing Address		Street	Address	
Amendment Section			ment Section	
Division of Corporations P.O. Box 6327			n of Corporations	
Tallahassee, FL 32314			Building xecutive Center Circle	

Tallahassee, FL 32301