Fax: (954) 633-7850 'From: Amelia Basso Division of Corporations

Floridal Department of State

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Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : BROWARD SOHO SERVICES INC.

Account Number : 120100000080

Phone Fax Number : (954)366-3850

: 135-1-753-0000 954-633-9850

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address: TAX RIGHT 7 @ YAHOD. COM

COR AMND/RESTATE/CORRECT OR O/D RESIGN T. QUALITY SERVICES CORP.

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8/24/2015

AUG 2 5 2015

C. CARROTHERS

Fax: (954) 633-7850

To:

Fax:+1 (850) 617-6380

Page 2 of 6 .08/24/2015 2.51 PM

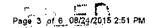
COVER LETTER

TO: Amendment Sect Division of Corpo			· · ·
NAME OF CORPOR	RATION: T. QUALITY SERV	VICES CORP	; ;
DOCUMENT NUMI	BER:		
	of Amendment and fee are sub	mitted for filing.	:
Please return all corre	spondence concerning this matt	er to the following:	:
	CHRISTIAN GORDON		· :
		Name of Contact Person	
	T. QUALITY SERVICES CO)RP	
		Firm/ Company	
	6651 FERN STREET		į
		Address	
	MARGATE, FLORIDA 3306	3	
		City/ State and Zip Code	
	TAXRIGHT7@Y	АНОО.СОМ	:
	E-mail address: (to be us	ed for future annual report	notification)
For further information	on concerning this matter, pleas	e call:	: :
CHRISTIAN GORD	ON	954 at (598-4145
Name	of Contact Person	Area Coo	le & Daytime Telephone Number
Enclosed is a check for	or the following amount made p	payable to the Florida Depa	rtnient of State:
\$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Am Div P.C	tiling Address hendment Section vision of Corporations D. Box 6327 lahassee, FL 32314	Amend Divisio Clifton 2661 E	Address ment Section n of Corporations Building xecutive Center Circle ussee, FL 32301

From: Amelia Basso

Fax: (954) 633-7850

Fax: +1 (850) 617-6380



2015 AUG 24 AH 9: 57

Articles of Amendment to Articles of Incorporation of

PROBLITARY OF STAFE

T. QUALITY SERVICES CORP			1
(Name o	f Corporation as current	ly filed with the Florida Dep	t of State)
P14000010733			
	(Document Number of	of Corporation (if known)	
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006. Florida Statutes, this	s Florida Profit Corporation a	dopts the following amendment(s) to
A. If amending name, enter the new an	me of the corporation:		
			The new
name must be distinguishable and cont "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	ation "Corp," "Inc," or	"Co". A professional corpor	orated" or the abbreviation ation name must contain the
B. Enter new principal office address,	if annlicable:	6651 FERN STREET	:
(Principal office address MUST BE A.S.		MARGATE, FL 33063	:
		and the condition of the constraint of the const	
C. Enter new mailing address, if appli (Muiling address MAY BE A POST)	cable: OFFICE BOX)	6651 FERN STREET	
		MARGATE, FL 33063	
			:
D. If amending the registered agent an new registered agent and/or the new	d/or registered office addre	dress in Florida, enter the na	me of the
Name of New Registered Agent			:
	6651 FERN STREET		
	(Florida sırees address)		
New Registered Office Address:	MARGATE		33063 Florida
	(City)		(Zip Code)
New Registered Agent's Signature, if c I hereby accept the appointment as regis	hanging Registered Ager tered agent. I am familia	nt: r with and accept the obligatio	ns 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

X.Change	PT John De	<u>oe</u>	:	
X Remove	V Mike Jo	<u>ones</u>	:	
X Add	SV Sally S	mith	; ;	
Type of Action (Check One)	Title	Name	Address	
1) Change		**************************************		
Add				
Remove			:	
2)Change			:	
Add			:	
Remove			:	
3) Change				
Add			:	
Remove		•	:	
Remove			:	
4) Change				
Add				
Remove				
			:	
5) Change	Falled the company of the state			
Add				
Remove			<u>i</u>	
6) Change				
Add				
Remove			:	

, Amelia Basso	Fax: (954) 633-7850	To:	Fax: +1 (850) 617-6380	Page 5 of 6 08/24/2015 2:5
E. If amen	ding or adding additional A	rticles, enter chang	ge(s) here:	
(Attach	additional sheets, if necessary	e). (Be specific)		
		······································		
		·····		
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provis	mendment provides for an elons for implementing the affino applicable, indicate N/A	mendment if not co	ation, or cancellation of issued intained in the amendment itsel	shares, f:
- 1				
				

n: Amelia Basso	Fax: (954) 633-7850	To:	Fax: +1 (850, 617-6380	Page 6 of 6 08/24/2015 2:51 PM
	of each amendment(s) ado locument was signed.	08/12/2015 ption:		, if other than th
Effective	date if applicable:			
		(no more	than 90 days after amendment fi	ile date)
	the date inserted in this blo 's effective date on the Depa			irements, this date will not be listed as th
Adoption	of Amendment(s)	(CHECK ONE	D	
	nendment(s) was/were adopt shareholders was/were suffi		rs. The number of votes cast for	the amendment(s)
☐ The an	nendment(s) was/were appro oe separately provided for ed	oved by the sharehold ach voting group enti	ers through voting groups. The f tled to vote separately on the am	following statement endment(x):
		•	was/were sufficient for approval	
ŧ)	(voting group)		`
		(voting group)		5 p. 6
	nendment(s) was/were adopt was not required.	ed by the board of di	rectors without shareholder actio	on and shareholder
	nendment(s) was/were adopt was not required.	ed by the incorporate	ors without shareholder action and	d shareholder
	08/12/2015 Dated	ri bihas	Lido .	
	(By a dire		er officer – if directors or officer	
		by an incorporator – I fiduciary by that fid	if in the hands of a receiver, trust uciary)	tee, or other court

CHRISTIAN GORDON

(Title of person signing)

(Typed or printed name of person signing)
PRESIDENT