P14000067155

(Requestor's Name)
(Address)
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(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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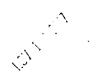




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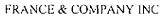


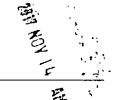
COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	FRANCE & COMPANY INC
DOCUMENT NUMBER:	P14000067155
The enclosed Articles of Amena	Iment and fee are submitted for filing.
Please return all correspondence	concerning this matter to the following:
	DAVID STRONG
	Name of Contact Person
	QUALITY FINANCIAL SERVICES INC
-	Firm/ Company
	209 DUNLAWTON AVE STE 14
	Address
	PORT ORANGE, FL 32127
	City/ State and Zip Code
	david.qfsinc@gmail.com
E-ma	ail address: (to be used for future annual report notification)
For further information concerni	
Name of Contact	NG at (386) 761-7855 Person Area Code & Daytime Telephone Number
Enclosed is a check for the follo	wing amount made payable to the Florida Department of State:
_	3.75 Filing Fee & S43.75 Filing Fee & S52.50 Filing Fee rtificate of Status Certified Copy (Additional copy is enclosed) S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Addr Amendment S Division of Co P.O. Box 6327 Tallahassee, F	ection Amendment Section orporations Division of Corporations Clifton Building

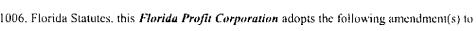
· Articles of Amendment Articles of Incorporation of





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

P14000067155



•	/D	<u>~</u>
	(Document Number of Corporation (if known)	
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, this <i>Florida Profit Corporati</i>	on adopts the following amendme
A. If amending name, enter the new n	ame of the corporation:	
FRANC	CE, ADAMS & COMPANY INC	The new
	tain the word "corporation," "company," or "incation "Corp," "Inc," or "Co". A professional coation," or the abbreviation "P.A,"	corporated" or the abbreviation
B. Enter new principal office address, (Principal office address MUST BE A S		
C. Enter new mailing address, if appl	icable:	
(Mailing address MAY BE A POST		
		
D. If amending the registered agent ar new registered agent and/or the new registered agent and/or the new registered.	id/or registered office address in Florida, enter the	name of the
	QUALITY FINANCIAL SERVICES INC	
Name of New Registered Agent	209 DUNLAWTON AVE STE 14	
	(Florida street address)	
New Registered Office Address:	PORT ORANGE	. Florida 32127
- Comment of the Comm	(City)	(Zip Code)
Wann Davidson all Association and Company		
New Registered Agent's Signature, if c I hereby accept the appointment as regist	nanging Registered Agent: ered agent. I am familiar with and accept the oblige	utions of the position.
-		. ,
	$> \bigvee X$	
	Signature of New Registered Agent, if change	ing

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	
_X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) X Change	P	MAUREEN FRANCE	1144 RIVERSIDE DR
Add			HOLLY HILL, FL 32117
Remove			
2) Change	VST	JOHN G ADAMS	1144 RIVERSIDE DR
X Add			HOLLY HILL, FL 32117
Remove			
3) Change		<u></u>	<u> </u>
Add			
Remove			
4) Change		-	
Add			
Remove			
5) Change			
Add			
Remove			
6) Change		_	
, Add			
Remove			

If amending or adding additional Art Attach additional sheets, if necessary).	(Be specific)			
				
		<u>, </u>		
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			·	
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	·			
f an amendment provides for an excl	hange, reclassificati	on, or cancellation	of issued shares,	
provisions for implementing the ame (if not applicable, indicate N/A)	endment if not conta	iined in the amend	lment itself:	
	<u> </u>			
	 		-	

The date of each amendment(s) ad	11/02/2017 Joption:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this b document's effective date on the De	lock does not meet the applicable statutory filing requirements, this partment of State's records.	s date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders. The number of votes east for the amendme fficient for approval.	ent(s)
	roved by the shareholders through voting groups. The following state each voting group entitled to vote separately on the amendment(s):	ement
"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.	pted by the board of directors without shareholder action and shareho	older
☐ The amendment(s) was/were ado action was not required.	pted by the incorporators without shareholder action and shareholder	
NOVEM Dated	IBER 2, 2017	
Signature	aurun France	
(By a di	rector, president or other officer – if directors or officers have not be l, by an incorporator – if in the hands of a receiver, trustee, or other c ed fiduciary by that fiduciary)	
	MAUREEN FRANCE	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	

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