P14000085068

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SECRETARY OF STATE

DEC 1.8 2014 C. CARROTHERS

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: STAR QUALITY	SERVICE INC	
DOCUMENT NUME	BER:		·
	of Amendment and fee are su	bmitted for filing.	
Please return all corres	spondence concerning this mat	tter to the following:	
	EDWIN A TURCIOS		
		Name of Contact Persor	1
		Firm/ Company	
1	5067 FAYAN STREET		
	· · · · · · · · · · · · · · · · · · ·	Address	· · · · · · · · · · · · · · · · · · ·
	ORLANDO, FL 32812		
	· · · · · · · · · · · · · · · · · · ·	City/ State and Zip Code	2
TURO	CIOSHN@GMAIL.COM		·····
	E-mail address: (to be us	sed for future annual report	notification)
For further information	n concerning this matter, pleas	se call:	
EDWIN A TURCIOS	1	at (<u>407</u> -	404-9218
Name of Contact Person		Area Co	de & Daytime Telephone Number
Enclosed is a check fo	r the following amount made	payable to the Florida Depa	rtment of State:
\$35 Filing Fec	□\$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)
	ling Address endment Section		Address ment Section
Division of Corporations		Division of Corporations	
P.O. Box 6327			Building

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

STAR QUALITY SERVICE INC

(Name (of Corporation as current	v filed with the Florida Dept.	of State)
P14000083068			ا مع مع
	(Document Number o	f Corporation (if known)	7 = (73)
Pursuant to the provisions of section 607. ts Articles of Incorporation:	1006, Florida Statutes, this	Florida Profit Corporation add	opts the following antenuth
. If amending name, enter the new na	ame of the corporation:		E.F. C. Then Then The
ame must be distinguishable and con Corp.," "Inc.," or Co.," or the design pord "chartered," "professional associa	nation "Corp," "Inc," or	Co". A professional corporal	
B. Enter new principal office address,	if applicable:	5067 FAYAN STREET	
Principal office address <u>MUST BE A S</u>		ORLANDO FL 32812	
Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BOX</u>)		5067 FAYAN STREET	
		ORLANDO FL 32812	
. If amending the registered agent an new registered agent and/or the nev			e of the
Name of New Registered Agent	EDWIN A TURCIOS		
	5067 FAYAN STREET		
	·	reet address)	
New Registered Office Address:	ORLANDO		Florida 32812
		(City)	(Zip Code)
lew Registered Agent's Signature, if chereby accept the appointment as regist	hanging Registered Agent tered agent. I am familiar	<u>:</u> vith and accept the obligations	of the position.
	Efyl-		
New Registered Agent's Signature, if c	ered agent. I am familiar	in the control of the	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 <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>	<u>Name</u>	<u>Addres</u> s
1) Change	S	LEDA XIOMARA TURCIOS	5067 FAYAN STREET
X Add			ORLANDO FL 32812
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
'4) Change			
Add .			
Remove			····
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

If amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)
-	
TT	
·	
f an amendment provides for an exch	nange, reclassification, or cancellation of issued shares,
<u>provisions for implementing the ame</u> (if not applicable, indicate N/A)	ndment if not contained in the amendment itself:
(y noi appacasie, inaicate (1/1)	
	

The date of each amendment(s) adoption:	j if other than t
date this document was signed. 12/15/2015 Effective date if applicable:	
(no m	ore than 90 days after amendment file date)
Note: If the date inserted in this block does not meet document's effective date on the Department of State's	the applicable statutory filing requirements, this date will not be listed as records.
Adoption of Amendment(s) (CHECK C	<u>NE</u>)
☐ The amendment(s) was/were adopted by the shareho by the shareholders was/were sufficient for approval	
☐ The amendment(s) was/were approved by the shareh must be separately provided for each voting group of	
"The number of votes cast for the amendment(••
by(voting gro	·•
(voting gro	up)
■ The amendment(s) was/were adopted by the board o action was not required.	f directors without shareholder action and shareholder
☐ The amendment(s) was/were adopted by the incorpo action was not required.	rators without shareholder action and shareholder
12/15/2015	
Dated	
Signature	
	other officer – if directors or officers have not been or – if in the hands of a receiver, trustee, or other court if induciary)
EDWIN A TURCI	os
(Typed	or printed name of person signing)
PRÉSIDENT	
	(Title of person signing)