

P 1400005766S

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP WAIT

MAIL

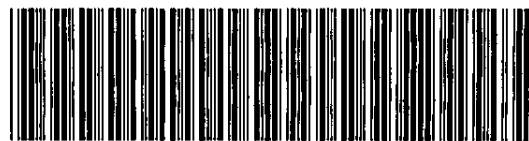
(Business Entity Name)

(Document Number)

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FEDERAL BUREAU OF INVESTIGATION  
U.S. DEPARTMENT OF JUSTICE

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: QUALITYINK.COM, INC.

DOCUMENT NUMBER: P14000087665

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

David S. Oliver, Esq.

Name of Contact Person

Morgan & Morgan, P.A.

Firm/ Company

20 N. Orange Avenue, Ste. 1600

Address

Orlando, FL 32801

City/ State and Zip Code

doliver@forthepeople.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

David S. Oliver

Name of Contact Person

at ( 407 ) 849-2972

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department 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)

**Mailing Address**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address**

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Articles of Amendment  
to  
Articles of Incorporation  
of

FILED

14 OCT 31 PM 2:15

QUALITYINK.COM, INC.

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

QUALITYINK.COM, INC.

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

**A. If amending name, enter the new name of the corporation:**

N/A

*The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."*

**B. Enter new principal office address, if applicable:**

(Principal office address MUST BE A STREET ADDRESS)

N/A

**C. Enter new mailing address, if applicable:**

(Mailing address MAY BE A POST OFFICE BOX)

N/A

**D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:**

Name of New Registered Agent N/A

(Florida street 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 with and accept the obligations of the position.*

\_\_\_\_\_  
*Signature of New Registered Agent, if changing*

(Attach additional sheets, if necessary)

*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.*

<u>X</u> Change	<u>PT</u>	<u>John Doe</u>
<u>X</u> Remove	<u>V</u>	<u>Mike Jones</u>
<u>X</u> Add	<u>SV</u>	<u>Sally Smith</u>

Title	Name
-------	------

### Address

- |   |      |                  |                            |
|---|------|------------------|----------------------------|
| 1) <input type="checkbox"/> Change      | PVD  | Nate Van Prooyen | 1485 International Parkway |
| <input checked="" type="checkbox"/> Add |      |                  | Suite 1001                 |
| <input type="checkbox"/> Remove         |      |                  | Lake Mary, FL 32746        |
| 2) <input type="checkbox"/> Change      | SCFO | Michael Hlavsa   | 1485 International Parkway |
| <input checked="" type="checkbox"/> Add |      |                  | Suite 1001                 |
| <input type="checkbox"/> Remove         |      |                  | Lake Mary, FL 32746        |
| 3) <input type="checkbox"/> Change      |      |                  |                            |
| <input type="checkbox"/> Add            |      |                  |                            |
| <input type="checkbox"/> Remove         |      |                  |                            |
| 4) <input type="checkbox"/> Change      |      |                  |                            |
| <input type="checkbox"/> Add            |      |                  |                            |
| <input type="checkbox"/> Remove         |      |                  |                            |
| 5) <input type="checkbox"/> Change      |      |                  |                            |
| <input type="checkbox"/> Add            |      |                  |                            |
| <input type="checkbox"/> Remove         |      |                  |                            |
| 6) <input type="checkbox"/> Change      |      |                  |                            |
| <input type="checkbox"/> Add            |      |                  |                            |
| <input type="checkbox"/> Remove         |      |                  |                            |

**E. If amending or adding additional Articles, enter change(s) here:**  
(Attach additional sheets, if necessary). (Be specific)

N/A

**F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:**  
(if not applicable, indicate N/A)

N/A

The date of each amendment(s) adoption: N/A, if other than the date this document was signed.

Effective date if applicable: N/A  
(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 10/28/14

Signature Michael Hlavsa

(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)

Michael Hlavsa

(Typed or printed name of person signing)

CFO

(Title of person signing)