P15000016769

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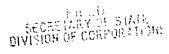
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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: QUALITY FIBER OPTIC CORP						
DOCUMENT NUME	DOCUMENT NUMBER: P15000016769					
The enclosed Articles	of Amendment and fee are su	bmitted for filing.				
Please return all correspondence concerning this matter to the following:						
	JULIO C CRUZ					
		Name of Contact Person	1			
	QUALITY FIBER OPTIC CORP					
•		Firm/ Company				
	4709 ASHMORE DR					
		Address				
	TAMPA FLORIDA	A 33610				
		City/ State and Zip Code				
YAI	DIRAFELIX@ICL	OUD.COM				
	E-mail address: (to be us	ed for future annual report	notification)			
For further information concerning this matter, please call:						
JULIO C CRI	JZ	at (813	, 965-7402			
Name o	of Contact Person		de & 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		Street Address				
Amendment Section		Amendment Section				
	sion of Corporations Box 6327	Division of Corporations Clifton Building				
Tallahassee, FL 32314		2661 Executive Center Circle				
•		Tallahassee, FL 32301				

Articles of Amendment to Articles of Incorporation of



15 FEB 26 PH 2: 58

QUALITY FIBER OPTIC	CORP	<u> </u>	
(Name of Corporation as o	currently filed with the Flo	rida Dept. of State)	
P15000016769			
(Document	Number of Corporation (if I	known)	
Pursuant to the provisions of section 607.10 its Articles of Incorporation:	006, Florida Statutes, this F	lorida Profit Corporation adopts the	following amendment(s) to
A. If amending name, enter the new nam	ne of the corporation:		
			The new
name must be distinguishable and conta "Corp.," "Inc.," or Co.," or the designal word "chartered," "professional association	tion "Corp," "Inc," or "C	o". A professional corporation na	
B. Enter new principal office address, if	applicable:	JULIO C CRUZ	
(Principal office address <u>MUST BE A STREET ADDRESS</u>)		4709 ASHMORE DR	
		TAMPA FL 33610	
C. Enter new mailing address, if application (Mailing address MAY BE A POST O.			
			·····
D. If amending the registered agent and	or registered office addre	ss in Florida, enter the name of the	<u> </u>
new registered agent and/or the new			
Name of New Registered Agent	JULIO C CRUZ		
	4709 ASHMORE	DR	
_	(Florida stree		
New Registered Office Address:	TAMPA	, Florida 3361	0
in the later on office that con.	(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.

Distribution of the position.

Only CRUZ ONLY STREET OF THE CORP.

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Only 2015 02 19 17 86 38 - 06000

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.

Example: X Change	PT	John Doe		
X Remove	$\underline{\mathbf{V}}$	Mike Jones		
X Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	Title	<u>Name</u>		Address
1) Change	VP	Denis ()	ALVARENGA- GARCIA	4709 ASHMORE DR
✓ Add			GARCIA	TAMPA, FL 33610
Remove				
2) Change			<u> </u>	
Add				
Remove				
3) Change		_		
Add				· · · · · · · · · · · · · · · · · · ·
Remove				
4) Change				
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change				
Add				
Remove				

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)
PLEASE ADD AS VICE PRESIDENT DENIS O ALVARENGA-GARCIA
ALL OTHER CHANGES ARE THE SAME
THANK YOU
JULIO C CRUZ
•
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 amendmen	t(s) adoption: 02/19/2015	FIGURE TARY CHISTORY SECRETARY CHISTORY SIVISION OF PORPOSE AND ASSESSED	, if other than the
*date this document was signed Effective date <u>if applicable</u> :	02/15/2015	15 FEB 26 PH 2: 58 ys after amendment file date)	
Adoption of Amendment(s)	(CHECK ONE)	ys after amenament fise uate)	
	re adopted by the shareholders. The nunere sufficient for approval.	nber of votes cast for the amendment(s)	
	re approved by the shareholders through ed for each voting group entitled to vote	voting groups. The following statement separately on the amendment(s):	
"The number of vote:	s cast for the amendment(s) was/were su	fficient for approval	
by	(voting group)		
The amendment(s) was/we action was not required.	re adopted by the board of directors with	out shareholder action and shareholder	
The amendment(s) was/we action was not required.	re adopted by the incorporators without	shareholder action and shareholder	
Dated_02/	19/2015	-	
(E	By a director, president or other officer – elected, by/an incorporator – if in the har ppointed fiduciary by that fiduciary)		
	JULIO C CRUZ		<u>.</u>
	(Typed or printe	ed name of person signing)	
	PRESIDENT		<u></u>
	(Title o	f person signing)	