P15000093967

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SECRETARY OF STATE

FEB 25 2016 C LEWIS

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORI	PORATION: QUALITY LATH	E AND STUCCO CORP	
	MBER: P15000093967		
	eles of Amendment and fee are su	bmitted for filing.	
Please return all co	orrespondence concerning this ma	tter to the following:	
	MARIA ALVARADO		
		Name of Contact Person	n
÷		Firm/ Company	
V	807 EGAN DRIVE		
		Address	
	ORLANDO FL 32822		
		City/ State and Zip Cod	e
N	1ARIA32835@GMAIL.COM		
	E-mail address: (to be us	sed for future annual report	notification)
For further inform	ation concerning this matter, pleas	se call:	
MARIA ALVAR	ADO	at (732-8602
Name of Contact Person		Area Co) ode & Daytime Telephone Number
Enclosed is a chec	k for the following amount made	payable to the Florida Depa	artment of State:
\$35 Filing Fee	e □\$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



QUALITY LATHE AND STUCCO CORP

16 FEB 23 PH 2: 57

(Name of Corporation as cu	urrently filed with the Florida Dept. of State)
P15000093967	
(Document Nur	mber of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statute its Articles of Incorporation:	es, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporati	ion:
	The new
name must be distinguishable and contain the word "corp" "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc, word "chartered," "professional association," or the abbrevi	poration," "company," or "incorporated" or the abbreviation ," or "Co". A professional corporation name must contain the iation "P.A."
B. Enter new principal office address, if applicable:	
(Principal office address <u>MUST BE A STREET ADDRESS</u>))
;	
C. Enter new mailing address, if applicable:	·
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)	
:	<u> </u>
·	
D. If amending the registered agent and/or registered office	ce address in Florida, enter the name of the
new registered agent and/or the new registered office a	
Name of New Registered Agent	<u></u>
; (Flo	orida street address)
. New Registered Office Address:	, Florida
	(City) (Zip Code)
New Pagintaged Agontto Signature of showing Dagistaged	Agonto
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am fa	
18	
Cimuatana	f 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	<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	VP	HECTOR JARAMILLO	5811 STONEWALL JACKSON R
Add X Remove			ORLANDO FL 32807
2) Change Add	<u> </u>		
Remove 3) Change			• ,
Add Remove			
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change			
Add			
Remove			

	al sheets, if necessary).	(Be specific)			
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an amendmen	it provides for an exc	hange, reclassific	ation, or cancellati	on of issued share	š.
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<u>rovisions for i</u>	nt provides for an exc implementing the am icable, indicate N/A)	hange, reclassifica endment if not con	ation, or cancellati ntained in the ame	on of issued share ndment itself:	<u>5.</u>
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•	02/16/2016	
The date of each amendment		, if other than the
date this document was signed		SECONTILLEU
Effective date <u>if applicable</u> :	02/16/2016	SECRETARY OF STATE DIVISION OF GORDGRATIO
	(no more than 90 days after amendment file date)	16 FEB 23 PM 2: 57
	this block does not meet the applicable statutory filing requirements, the Department of State's records.	is date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/web by the shareholders was/web.	re adopted by the shareholders. The number of votes cast for the amendance sufficient for approval.	nent(s)
	re approved by the shareholders through voting groups. The following start 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 ¹	,,	•
	(voting group)	
action was not required.	re adopted by the board of directors without shareholder action and share re adopted by the incorporators without shareholder action and shareholder	
02/16 Dated	/2016	
, se	by a director, president or other officer – if directors or officers have not be elected, by an incorporator – if in the hands of a receiver, trustee, or other oppointed fiduciary by that fiduciary)	
,	MARIA ALVARADO	į.
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	