## P16000043202

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2017 SEP 21 MM ID: 13

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## **COVER LETTER**

TO: Amendment Section
Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

NAME OF CORPORATION: DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: ave North For further information concerning this matter, please call: Enclosed is a check for the following amount made payable to the Florida Department of State: □\$43.75 Filing Fee & **□\$43.75** Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) **Mailing Address** Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

## Articles of Amendment

Articles of Incorporation

•	Articles of Incorporation	**************************************
CO (200 7 7 7 5 10)	of	IIWC.
) QUIZZERO (		
(Name of Corporation)	on as currently filed with the f	lorida Dept. of State)
<u> </u>	3202	
(Docum	nent Number of Corporation (if k	nown)
ursuant to the provisions of section 607,1006, Florida s Articles of Incorporation:	a Statutes, this <i>Florida Profit Co</i>	rporation adopts the following amendment(
. If amending name, enter the new name of the co	orporation:	
ame must be distinguishable and contain the work Corp.," "Inc.," or Co.," or the designation "Corp, cord "chartered," "professional association," or the	," "Inc," or "Co". A professio	
Enter new principal office address, if applicable Principal office address <u>MUST BE A STREET ADD</u>		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u></u>	
If amending the registered agent and/or register new registered agent and/or the new registered		ter the name of the
Name of New Registered Agent	<del> </del>	
	(Florida street address)	
New Registered Office Address:		. Florida
new Acginerea Office Hadrens	(City)	(Zip Code)
lew Registered Agent's Signature, if changing Reg hereby accept the appointment as registered agent.		e obligations of the position.
Sign	ature of New Revistered Agant is	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	V Mike Jones	
X Add	SV Sally Smith	
Type of Action (Check One)	Title Name	<u>Addres</u> s
1) Change	C John Endres	703 108th au No. Naples FL.
Add Remove		Naples FL. 34108
2) Change		
Add Remove		
3) Change		
Add		
4) Change		#
Add Remove		
5) Change		
Add Remove		<del></del>
6) Change		
Add		
Remove		

Attach <i>additional si</i>	ding additional Art heets, if necessary).	(Be specific)				
					<u> </u>	
<u></u>	<del></del>			<del></del>	<del></del>	
				<u> </u>		<u>.</u>
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			<u> </u>			
				<del></del>	<del>-</del>	
<del></del>		<del>_</del>		<del>-</del>		· -
					<del></del>	
an amendment p	provides for <u>an e</u> xch	nange, reclassif	ication, or canc	ellation of issued	l shares,	
provision <u>s for imp</u> (if not applicat	plementing the ame ble, indicate N/A)	<u>ndment if not (</u>	contained in the	<u>amendment itse</u>	<u>(1f:</u>	
				·	<u>-</u> <u>-</u>	
					<del></del>	
				<u></u>		

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this d document's effective date on the Department of State's records.	ate will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendmente by the shareholders was/were sufficient for approval.	(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statem must be separately provided for each voting group entitled to vote separately on the amendment(s):	ent
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by"	
by	
<ul> <li>☑ The amendment(s) was/were adopted by the board of directors without shareholder action and sharehold action was not required.</li> <li>☑ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder</li> </ul>	ler
action was not required.	
Dated9/18/17	
Signature Paul Squizzew	
(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 cou appointed fiduciary by that fiduciary)	ırt
Paul Squi ZZello (Typed or printed name of person signing)	
(Typed or printed name of person signing)	
PT SD	
(Title of person signing)	