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10/20/17--01021--008 \*\*35.00

S. YOUNG FLORD

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPOR	RATION: QUALITY ASSU	RED CONCRE	ETE CONST	RUCTION INC
DOCUMENT NUME	BER: P160000097957		_	
The enclosed Articles	of Amendment and fee are sa	ubmitted for fili	ng.	
Please return all corres	spondence concerning this ma	atter to the follo	wing:	
	NICHOLAS R FANELLA			
		Name of Co	ontact Perso	n
	NR FANELLA & CO INC			
		Firm/ (	Company	
	434 TANGLEWOOD DR			
		Ad	dress	
	FORT WALTON BEACH F	L 32547		
		City/ State	and Zip Cod	e
NFAN	NELLA@COX.NET			
	E-mail address: (to be u	sed for future a	nnual report	notification)
For further information	n concerning this matter, pleas	se call:		
NICHOLAS R FANE	LLA	at (	850	862-7131
Name o	Area Code & Daytime Telephone Number			
Enclosed is a check for	the following amount made	payable to the l	Plorida Depa	artment of State:
S35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Fil Certified ( (Additiona enclosed)	lopy	☐\$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** Articles of Incorporation of

name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the ab	; amendment(s) to
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following its Articles of Incorporation:  A. If amending name, enter the new name of the corporation:  name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the ab	; amendment(s) to
A. If amending name, enter the new name of the corporation:  name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the ab	; amendment(s) to
name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the ab	
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name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the ab	The new
"Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must co word "chartered," "professional association," or the abbreviation "P.A."	breviation
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	
C. Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	
	00 F
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:	B P P
Name of New Registered Agent	3: 37
(Florida street address)	
New Registered Office Address:	
(City) (Zip Co	ode)

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 udditional 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.

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	MILLICENT K MERRIEL SR	874 CULP AVE
Add			FORT WALTON BEACH FL 325
X Remove			
2) Change			
Add			
Remove			
3 ) Change			
Add			
Remove			<del></del> .
4) Change			
Add			
Remove			
5) Change	<del></del>		
Add			
Remove			
6) Change			
Add			
Remove			

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provisions for implementing the amen	ange, reclassificati idment if not conta	on, or cancellati ained in the ame	<u>on of issued sh</u> ndment itself <u>:</u>	ares,	
an amendment provides for an exchaprovisions for implementing the amen (if not applicable, indicate N/A)	ange, reclassificati idment if not conti	ion, or cancellati ained in the ame	on of issued sh ndment itself:	ares,	
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provisions for implementing the amen	ange, reclassificati	on, or cancellati	on of issued sh ndment itself:	ares,	

The date of each amendment(s) a date this document was signed.	doption:	, if other than the
Effective date if applicable:		
<u></u>	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the De	plock does not meet the applicable statutory filing requirements, this department of State's records.	ate will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/were adby the shareholders was/were so	opted by the shareholders. The number of votes cast for the amendment( ifficient for approval.	s)
☐ The amendment(s) was/were approvided for must be separately provided for	proved by the shareholders through voting groups. The following statem 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	(voting group)	
	(voting group)	
☐ The amendment(s) was/were add action was not required.	opted by the board of directors without shareholder action and sharehold	cr
☐ The amendment(s) was/were add action was not required.	opted by the incorporators without shareholder action and shareholder	
10/13/2017 Dated	elder Type	
(By a d selecte	irector, president or other officer – if directors or officers have not been d, by an incorporator – if in the hands of a receiver, trustee, or other counted fiduciary by that fiduciary)	rt
	SHELDON O. TYNE SR	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	