## P170000 29255

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	RATION: Q & A PAVERS	INC	
	BER: P17000029255		
	s of Amendment and fee are s	ubmitted for filing.	
Please return all corre	espondence concerning this ma	atter to the following:	
	MIGUEL CORTIJO		
	-	Name of Contact Perso	n
		Firm/ Company	
	4119 TEE RD		
	SARASOTA, FLORIDA 34	Address	
		City/ State and Zip Cod	دم
мсо	ORTIJO@COMCAST.NET	over owner and talp that	-
		sed for future annual report	notification)
For further information	n concerning this matter, plea	se call:	
MIGUEL CORTIJO		941 at (_	400-7110
Name	of Contact Person	at ( 941 ) 400-7110  Area Code & Daytime Telephone Numb	
Enclosed is a check fo	or the following amount made	payable to the Florida Depa	urtment 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)
Amo Div P.O	iling Address endment Section ision of Corporations Box 6327 ahassee, FL 32314	Amend Divisio Clifton	Address Iment Section on of Corporations Building executive Center Circle

Tallahassee, FL 32301

## Articles of Amendment to

Articles of Incorporation of

Q & A PAVERS INC				
(Name	of Corporation as currently	y filed with the Florida Dej	pt. of State)	
P17000029255				
	(Document Number of	Corporation (if known)		
Pursuant to the provisions of section 607 its Articles of Incorporation:	1006, Florida Statutes, this	Florida Profit Corporation :	adopts the following am	endment(s) to
A. If amending name, enter the new n	ame of the corporation:			
			The	new
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	nation "Corp," "Inc," or "	Co". A professional corpo	porated" or the abbrev	riation
B. Enter new principal office address,				
(Principal office address MUST BE A S	<u>TREET ADDRESS</u> )		_	
				<del>7</del> <del>2</del>
C Francisco de 11 de 1			<u> </u>	<u>.</u> <u></u>
C. Enter new mailing address, if appl (Mailing address MAY BE A POST			. <u></u>	28 F
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			<del></del>	<del></del>
D. If amending the registered agent an new registered agent and/or the new			me <u>of the</u>	
	GERIO FERREIRA DA C			
Name of New Registered Agent				
	205 PATTERSON AVENU			
	(Florida stre	et address)	3.4320	
New Registered Office Address:	OSPREY		_, Florida	
	•	City)	(Zip Code)	
New Registered Agent's Signature, if c I hereby accept the appointment as regist			ns of the position.	
	GET	Υ).		
	Signature of New Re	egistered Agent, if changing	<del></del>	

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.

X Change	<u>PT</u>	John Doe	
X Remove	V	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	P	JONATHAN C. SOLIS	205 PATTERSON AVE
Add			OSPREY FL 34229
X Remove			
2) Change			
Add			
Remove			
3 ) Change	••-	_	
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change		_	
Add			
Remove			

Attach additional sheets, if necessary). (Be specific)	
	_
an amendment provides for an exchange, reclassification, or cancellation of issued shares,	
orovisions for implementing the amendment if not contained in the amendment itself:  (if not applicable, indicate N/A)	

•	SAME AS FILING DATE	
The date of each amendment(s) ad date this document was signed.	option:	, if other than the
<del>_</del>	IE AS FILING DATE	
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this be document's effective date on the Dep	lock does not meet the applicable statutory filing requirements, this date partment of State's records.	will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adop by the shareholders was/were sul	pted by the shareholders. The number of votes cast for the amendment(s) ficient for approval.	
	roved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	,
"The number of votes cast i	or the amendment(s) was/were sufficient for approval	
by		
·	(voting group)	
☐ The amendment(s) was/were ado action was not required.	pted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were adopaction was not required.	pted by the incorporators without shareholder action and shareholder	
08/25/201 Dated		
Signature	SEIC.	
	rector, president or other officer – if directors or officers have not been , by an incorporator – if in the hands of a receiver, trustee, or other court	
	, by an incorporator – if in the hands of a receiver, trustee, or other court ed fiduciary by that fiduciary)	
	,	
	GERIO FERREIRA DA COSTA	
•	(Typed or printed name of person signing)	
	VICE PRESIDENT	
-	(Title of person signing)	