P170000 33101

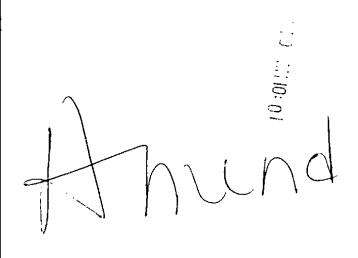
(1	Requestor's Name)	
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\$22.275 ZOZO TALBRITTON

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORP	ORATION: QUESTION OF S'	TYLE INC	
	MBER: P17000033101		
	les of Amendment and fee are su	bmitted for filing.	
Please return all cor	respondence concerning this ma	tter to the following:	
	ALEJANDRO PICHARDO		
		Name of Contact Person	1
	ACCOUNTING CENTER O	F ORLANDO LLC	
		Firm/ Company	· · · · · · · · · · · · · · · · · · ·
	1706 E SEMORAN BLVD S	TE 103	
		Address	
	APOPKA, FL 32703		
		City/ State and Zip Cod	e
	INFO@ACCOUNTINGORL	COM	
	E-mail address: (to be us	sed for future annual report	notification)
For further informa	tion concerning this matter, plea	se call: at (407	. 574-7340
Name of Contact Person		at (Area Co	de & Daytime Telephone Number
Enclosed is a check	for the following amount made		
\$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 Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Amend Divisio The Co	Address Iment Section on of Corporations entre of Tallahassee V. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

QUESTION OF STYLE INC		
(Name of Corporation P17000033101	on as currently filed with the Florida Dept.	of State)
	nent Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida its Articles of Incorporation:	•	opts the following amendment(s) t
A. If amending name, enter the new name of the co	orporation:	
name must be distinguishable and contain the word "co "Inc.," or Co.," or the designation "Corp," "Inc,' "chartered," "professional association," or the abbre	or "Co". A professional corporation na.	The new pr the abbreviation "Corp.," me must contain the word
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET ADD	i DRESS)	
		102
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO.	<u> </u>	
		<u>.</u>
D. If amending the registered agent and/or register		e of the
new registered agent and/or the new registered of New Registered Agent	office address:	
	(Florida street address)	
New Registered Office Address:		Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Regi I hereby accept the appointment as registered agent.	istered Agent: I am familiar with and accept the obligations	of the position.
Signa	ture of New Registered Agent, if changing	
Check if applicable		

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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)

Example:

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 Do	<u>oe</u>	
X Remove	<u>V</u>	Mike Jo	nes	
_X Add	<u>sv</u>	Sally Sr	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	Address
1) Change	PRES	_	MAGGIE GOMEZ PACIA	661 DHARMA CIR
X Add				WINTER GARDEN, FL 34787
Remove				
2) Change	P	_	JOSEPH TORRES	661 DHARMA CIR
Add				WINTER GARDEN, FL 34787
X Remove 3) Change		_		
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change		_		
Add				
Remove				

annigh Wall	litional sheet	ts, if necessary). (Be spec	r change(s) he cific)	_			
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							<u>. </u>	-
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f an amen	adment prov	vides for an e	kchange, recl	lassification, c	r cancellation	of issued shar	-ec	
provision:	<u>is for implen</u>	nenting the a	mendment if	not contained	in the amend	ment itself:	<u> </u>	
(if not	t applicable,	indicate N/A)						
								
					_			
			_					
								
			_	_				
		-		_	 .			

•

The date of each amendment(s) date this document was signed.	adoption:	, if other than the
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the	block does not meet the applicable statutory filing requirements, this dat Department of State's records.	e will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were a action was not required.	dopted by the incorporators, or board of directors without shareholder action	on and shareholder
■ The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes cast for the amendment(s sufficient for approval.	;)
	pproved by the shareholders through voting groups. The following stateme or each voting group entitled to vote separately on the amendment(s):	nt
"The number of votes ca	st for the amendment(s) was/were sufficient for approval	
by	,"	
	(voting group)	
08/04/20 Dated	aggie Gimez	
selec	director, president or other officer – if directors or officers have not been ted, by an incorporator – if in the hands of a receiver, trustee, or other courinted fiduciary by that fiduciary)	(
	MAGGIE GOMEZ PACIA	
	(Typed or printed name of person signing)	
	PRES	
	(Title of person signing)	