## P17000036110

(Re	equestor's Name)	-		
(Ad	dress)			
(Ad	dress)			
(Cit	ty/State/Zip/Phone	e #)		
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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	RATION: KQ REMODELIN	IG SERVICES CORP		
DOCUMENT NUM				
	of Amendment and fee are su	ibmitted for filing.		
Please return all corre	spondence concerning this ma	tter to the following:		
	ANGEL DIEZ			
		Name of Contact Person	n	
	DBS DIEZ BUSINESS SER	VICES INC		
	<del> </del>	Firm/ Company		
	4125 W WATERS AVE			
		Address		
	TAMPA, FL 33614			
		City/ State and Zip Cod	е	
DBS	.10@FRONTIER.COM			
<del></del>	E-mail address: (to be us	sed for future annual report	notification)	
For further informatio	n concerning this matter, pleas	se call:		
ANGEL DIEZ		at (	871-1816	
Name	of Contact Person	Area Co	de & Daytime Telephone Number	
Enclosed is a check for	r the following amount made	payable to the Florida Depa	artment 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)	
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



2017 MAY 15 AM 7: 19

KQ REMODELING SERVICES CORP	
(Name of Corporation as	currently filed with the Florida Dept. of State)
P17000036110	
(Document N	lumber of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statuits Articles of Incorporation:	ites, this Florida Profit Corporation adopts the following amendment(s
A. If amending name, enter the new name of the corpora	ition:
	The new
	rporation," "company," or "incorporated" or the abbreviation ic," or "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>	Σ)
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
(Maning and CSS MAT BEAT OST OFFICE BOX)	
D. If amending the registered agent and/or registered off new registered agent and/or the new registered office	
Name of New Registered Agent	
,	
(F	lorida street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registere I hereby accept the appointment as registered agent. I am f	<u>d Agent:</u> Camiliar with and accept the obligations of the position.
Signature o	of 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 <math>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	VICTOR MANUEL RUIZ	645 FAIRWOOD AVE
X Add			SUITE 355
Remove			CLEARWATER, FL 33759
2) Change	S	PEDRO TLAMANI-GONZALEZ	645 FAIRWOOD AVE
X Add			SUITE 355
Remove			CLEARWATER, FL 33759
3) Change			
Add			
Remove			
4) Change		<u> </u>	
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Attach <i>additiona</i>	idding additjonal Ar I sheets, if necessary).	. (Be specific)				
				<del></del>	<u>-</u>	
· · ·						
			· · · · · · · · · · · · · · · · · · ·			
			<u></u>			
<u>provisions for it</u>	t provides for an exc mplementing the am cable, indicate N/A)	hange, reclassif endment if not o	ication, or cand	ellation of issue amendment its	d shares, elf:	
				<del> </del>		
<del> </del>	···		<del>.</del>			
<del></del>	<u></u>					<del> </del>

05/12/2017	
	_, if other than the
date this document was signed	•
05/12/2017 Effective date if applicable:	
(no more than 90 days after amendment file date)	<del></del>
<b>Note:</b> If the date inserted in this block does not meet the applicable statutory filing requirements, this date will document's effective date on the Department of State's records.	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 amendment(s) by the shareholders was/were sufficient for approval.	
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided 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"  (voting group)	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
05/12/2017 Dated	
Signature	
(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 court appointed fiduciary by that fiduciary)	_
KRISTIAN QELESHI	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	