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I ALBRITTON

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: KQ REMODELIN	NG SERVICES CORP		
	BER:			
	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 Perso	n	
DBS DIEZ BUSINESS SERVICES INC				
		Firm/ Company		
	4125 W WATERS AVE	Time Company		
		Address		
	TAMPA, FL 33614			
		City/ State and Zip God	e	
DBS.	10@VERIZON.NET			
	_	sed for future annual report	notification)	
	,	,	,	
For further information	n concerning this matter, plea	se call:		
ANGEL DIEZ		813 at (de & Daytime Telephone Number	
Name o	of Contact Person	Area Co	de & Daytime Telephone Number	
Enclosed is a check fo	r the following amount made	payable to the Florida Depa	artment of State;	
S35 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)	
Ame Divi P.O.	ling Address endment Section sion of Corporations Box 6327	Ameno Divisio Clifton	Address Iment Section on of Corporations Building	
Tallahassee, FL 32314		2661 Executive Center Circle		

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

of

KQ REMODELING SERVICES CORP

(<u>Name</u>	of Corporation as curren	tly filed with the Florida Dept. of State)	
P17000036110			
	(Document Number)	of Corporation (if known)	
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006. Florida Statutes, this	s Florida Profit Corporation adopts the following unend	
A. If amending name, enter the new n	ame of the corporation:	E CONTRACTOR OF THE CONTRACTOR	
	nation "Corp," "Inc," or	The new on, ""company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the "P.A."	
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)		141 GLADES CIR	
		LARGO, FL 33771	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		141 GLADES CIR	
		LARGO, FL 33771	
D. If amending the registered agent ar	nd/or registered office add	dress in Florida, enter the name of the	
new registered agent and/or the ne	w registered office addres	<u>s:</u>	
Name of New Registered Agent	KRISTIAN QELESHI	<u> </u>	
	141 GLADES CIR		
	tFlorida si	treet address)	
New Registered Office Address:	LARGO	, Florida ³³⁷⁷¹	
		(City) (Zip Code)	
New Registered Agent's Signature, if c I hereby accept the appointment as regis		<u>t:</u> with and accept the obligations of the position.	
	40	<u> </u>	
	Signature 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 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> <u>John</u>	<u>Doe</u>			
X Remove	V Mike	V Mike Jones			
X Add	SV Sally	Smith			
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s		
1) X Change	VP	MARSEL MANO	141 GLADES CIR		
Add			LARGO, FL 33771		
Remove					
2) Change	S	PEDRO TLAMANI-GONZALEZ	645 FAIRWOOD AVE 355		
Add			CLEARWATER, FL 33579		
X Remove					
3) Change					
Add					
Remove					
4) Change					
Add					
Remove					
5) Change					
Add					
Remove					
6) Change					
Add					
Remove					

(Attach additional sheets, if necessary). (Be specific)	<u>) here</u> :
······	
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If an amendment provides for an exchange, reclassification	n ar annaithtian af is uad sharas
	ned in the amendment itself:
provisions for implementing the amendment if not contain	
provisions for implementing the amendment if not contain (if not applicable, indicate N/A)	
provisions for implementing the amendment if not contain	
provisions for implementing the amendment if not contain	
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provisions for implementing the amendment if not contain	
provisions for implementing the amendment if not contain	
provisions for implementing the amendment if not contain	;

	07/24/2017	
The date of each amendment(s) adopti date this document was signed.	n:, if other t	han the
07/24/20	7	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block document's effective date on the Department.	loes not meet the applicable statutory filing requirements, this date will not be listed ent of State's records.	l as the
Adoption of Amendment(s)	(CHECK ONE)	
■ The amendment(s) was/were adopted by the shareholders was/were sufficient	y the shareholders. The number of votes east for the amendment(s) t for approval.	
	by the shareholders through voting groups. The following statement roting group entitled to vote separately on the amendment(s):	
	amendment(s) was/were sufficient for approval	
bv	(voting group)	
,	(voting group)	
☐ The amendment(s) was/were adopted action was not required.	y the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were adopted action was not required.	y the incorporators without shareholder action and shareholder	
07/24/2017		
Dated		
Signature		
(By a directon selected, by	president or other officer – if directors or officers have not been incorporator – if in the hands of a receiver, trustee, or other court uciary by that fiduciary)	
KRI	TIAN QELESHI	
	(Typed or printed name of person signing)	
PRE	IDENT	
	(Title of person signing)	