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|---|--------|
| (Requestor's Name) | |
| (Address) | |
| (Address) | |
| (City/State/Zip/Phone #) | |
| PICK-UP WAIT | MAIL |
| (Business Entity Name) | |
| (Document Number) | |
| Certified Copies Certificates of | Status |
| Special Instructions to Filing Officer: | |
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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION

| NAME OF CORPORATION: Qualify | Maintenanc INE |
|--|--|
| document number: $\frac{P/70000}{}$ | Maintenance INE 51816 |
| The enclosed Articles of Amendment and fee are sub- | |
| Please return all correspondence concerning this matte | er to the following: |
| Mareta Va | lentin |
| | (Name of Contact Person) |
| BIJ Bookk | (Firm/Company) Income Tax Service |
| il· | |
| 1713 Ceda | ar Dr |
| | (Address) |
| Plant Ci | (Address) Hy F / 33563 (City/ State and Zip Code) |
| | (City/ State and Zip Code) |
| mareta 3 e juno. E-mail address: (to be used | . com |
| E-mail address: (to be used | for future annual report notification) |
| For further information concerning this matter, please | call: |
| Mareta Valentin | at 813 752-7384 (Area Code) (Daytime Telephone Number) |
| (Name of Contact Person | (Area Code) (Daytime Telephone Number) |
| Enclosed is a check for the following amount made pa | yable to the Florida Department of State: |
| S35 Filing Fee S43.75 Filing Fee & Certificate of Status | □S43.75 Filing Fee & □S52.50 Filing Fee Certified Copy Certificate of Status (Additional copy is enclosed) (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 |



FLORIDA DEPARTMENT OF STATE || Division of Corporations

August 30, 2017

MARETA VALENTIN 1713 CEDAR DR PLANT CITY, FL 33563

SUBJECT: LASER MAINTENÂNCE & CONSULTING INC

Ref. Number: P17000051816

We have received your document for LASER MAINTENANCE & CONSULTING INC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

This is a Profit corporation the document you sent in is for a Non-profit corporation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tracy L Lemieux Regulatory Specialist II

Letter Number: 717A00017925



www.sunbiz.org

Articles of Amendment to Articles of Incorporation of

| Laser Maintel | nance + consulting | INA |
|--|--|---------------------------|
| (Name of Cor | poration as currently filed with the Florida Dept, of State | (5) |
| P17 | 00005/8/6 | |
| | Document Number of Corporation (if known) | |
| Pursuant to the provisions of section 607.1006. Its Articles of Incorporation: | Florida Statutes, this Florida Profit Corporation adopts the | following amendment(s) to |
| A. If amending name, enter the new name of | the corporation: | |
| Quality main | tence Inc | The new |
| name must be distinguishable and contain the Corp.," "Inc.," or Co.," or the designation | word "corporation," "company," or "incorporated" o "Corp," "Inc," or "Co". A professional corporation nam | or the abbreviation |
| word "chartered," "professional association," | or the abbreviation "P.A." | |
| B. Enter new principal office address, if appl | | |
| (Principal office address MUST BE A STREE | <u>(I'ADDRESS</u>) | |
| | | |
| | | |
| C. Enter new mailing address, if applicable | | |
| (Mailing address <u>MAY BE A POST OFFI</u> C | <u></u> | |
| | | |
| i | | |
| i). If amending the registered agent and/or r new registered agent and/or the new regis | egistered office address in Florida, enter the name of the stered office address: | |
| Name of New Registered Agent | | |
| | (Florida street address) | |
| V 10 1 1000 111 11 | Florida | |
| New Registered Office Address: | Florida . (City) | (Zip Code) |
| | | |
| | | |
| New Registered Agent's Signature, if changir | ng Registered Agent: | |
| i hereby accept the appointment as registered a | relent. I am familiar with and accept the obligations of the p | osuion, |
| | | |
| | | |
| | Signature of New Registered Agent, if changing | |
| | | SS ENTRY |
| | Page 1 of 4 | P 8 |

If amending the Officers and/or Directors, there 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. Example: \underline{X} Change PT John Doe X Remove <u>V</u> Mike Jones \underline{SV} X Add Sally Smith <u>Addres</u>s Type of Action Title <u>Name</u> (Check One) 11 ____ Change ____ Add _ Remove 21 ____ Change ____ Add ____ Remove 3) ____ Change ____ Add __ Remove 4) ____ Change ____ Add ____ Remove 51 ____ Change __ Add ____ Remove の _____ Change ____ Add

____ Remove

| f amending or adding additional A | rrticles, enter change(s) here: |
|--|---|
| Attach additional sheets, if necessary | s). (Be specific) |
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| If an amendment provides for an e | exchange, reclassification, or cancellation of issued shares. |
| provisions for implementing the a | mendment if not contained in the amendment itself: |
| (if not applicable, indicate N/A) | |
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| The date of each amendment(s) adoption: | 6/10/17 if other than the |
|---|--|
| date this document was signed. | |
| Effective date <u>if applicable</u> : 6/10/ | (no more than 90 days after amendment file date) |
| | (no more man 90 days after amenament fite date) |
| Note: If the date inserted in this block does document's effective date on the Department o | If not meet the applicable statutory filing requirements, this date will not be listed as the fState's records. |
| Adoption of Amendment(s) (Cl | HECK ONE) |
| The amendment(s) was/were adopted by the by the shareholders was/were sufficient for | shareholders. The number of votes cast for the amendment(s) approval. |
| | ne shareholders through voting groups. The following statement g group entitled to vote separately on the amendment(s): |
| "The number of votes cast for the ame | ndment(s) was/were sufficient for approval |
| hy | |
| (ve | ting group) |
| ☐ The amendment(s) was/were adopted by the action was not required. | board of directors without shareholder action and shareholder |
| ☐ The amendment(s) was/were adopted by the action was not required. | incorporators without shareholder action and shareholder |
| Dated 4/13/17 | |
| Signature Franch | |
| (By a director, pre | sident or other officer - if directors or officers have not been |
| | corporator – if in the hands of a receiver, trustee, or other court by by that fiduciary) |
| ,, | |
| | Terry martin |
| | (Typed or printed name of person signing) |
| · | Pres |
| | (Title of person signing) |
| | |
| | |
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| | II. |