## P18000000863

(Re	questor's Name)	
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## **COVER LETTER**

TO: Amendment Section

Division of Corpo	prations		
NAME OF CORPOR	AATION: Qu De	emand Tec	hologies Inc.
DOCUMENT NUME	BER:	0000085	<u> </u>
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this made	ter to the following:	
	Lisa CA	SA buri	
	Ox Dema	Name of Contact Person	ologies Ire.
	7680 W	Firm/Company  NUERS of F	Blud Suck 400
	Orlando	Address 3	2819
	LISA. CAS.	City/ State and Zip Code  PBULI  ed for future annual report	CAPT: CO V
	E-man address. (to be us	ed for ideale annual report	nottication)
For further information	concerning this matter, pleas	e call:	
LISA	CASABURI	at (732	, 996 7210
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)
	ling Address		Address
	endment Section sion of Corporations		Iment Section on Corporations
P.O. Box 6327		Clifton Building	
Tallahassee, FL 32314			xecutive Center Circle

Tallahassee, FL 32301

## **Articles of Amendment**

to

Articles of Incorporation

O	
Un Demond Jechnolog	les Inc.
(Name of Corporation as currently filed	with the Florida Dept. of State)
<u> 1800000853</u>	
(Document Number of Corpo	oration (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida</i> its Articles of Incorporation:	a Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation," "corporation," "Corp.," "Inc.," or Co.," or the designation "Corp." "Inc," or "Co", word "chartered," "professional association," or the abbreviation "P.A."	ompany," or "incorporated" or the abbreviation A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	:2 2
	- 6 00
C. Enter you mailing address if you'll address	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	Sign of the second seco
	77. X
<del></del>	
	m to
D. If amending the registered agent and/or registered office address in	Florida, enter the name of the
new registered agent and/or the new registered office address:	
Name of New Registered Agent	
	<del></del>
(Florida street addr	ess)
New Registered Office Address:	Douido
(City)	Florida (Zip Code)
New Registered Agent's Signature, if changing Registered Agent:  I hereby accept the appointment as registered agent. I am familiar with and	d accept the obligations of the position
	the design the obligations of the position,
Signature of New Registers	ed 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.

Example: X Change	<u>PT</u>	John Doe	
X Remove	$\underline{\mathbf{V}}$	Mike Jones	
<u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name /	Address
1) Change	$\vee$	LISA CASA BURI	1130 Lottimore & Clernond FL 3471
Add			Clernong Fl 3471,
Remove			
2) Change			
Add			
Remove			
3 ) Change			
Add			
Remove			
4) Change		_	
Add			
Remove			
5) Change	·		
Add			
Remove			<del></del>
6) Change			
Add			
Remove			

If amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)
<del></del>	
provisions for implementing the ame	nange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
· · · · · · · · · · · · · · · · · · ·	

The date of each amendment(s) adoption:	, if other than the
Effective date if applicable:	
(no more than 90 days after amendment file date)	<del></del>
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date of document's effective date on the Department of State's records.	will not be listed as the
Adoption of Amendment(s) ( <u>CHECK ONE</u> )	
☐ 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)	
☐ 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.	
Dated4/12/191_A	
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)	
(Typed or printed name of person signing)	
(Typed or printed name of person signing)	
Co	
(Title of person signing)	