P19000052474

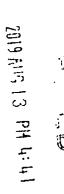
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: QUEST REAL ES	TATE REFERRALS INC.	
DOCUMENT NUM	BER: P19000052474		
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corre	spondence concerning this ma	tter to the following:	
	PATTI WHITE		
		Name of Contact Person	n
	REALTYQUEST INC		
		Firm/ Company	
	38 SECURITY DRIVE		
		Address	
	AVON CT 06001		
	_	City/ State and Zip Cod	e
PAT	TI@REALTYQUESTINC.CC)M	
	•	sed for future annual report	notification)
For further information	on concerning this matter, pleas	se call:	
PATTI WHITE		at (6903587
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check fo	or 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)
Am Div P.O	iling Address endment Section ision of Corporations b. Box 6327 lahassec, FL 32314	Amenc Divisio Clifton 2661 E	Address Iment Section on of Corporations Building Executive Center Circle assee, FL 32301

Articles of Amendment to Articles of Incorporation of

QUEST REAL ESTATE REFERRALS INC.				٦.
(Name of Corporation	as currently filed w	th the Florida Dept. of Stat	<u>e) 20197115 13</u>	PH
P19000052474				
(Docume	nt Number of Corpora	tion (if known)		•
Pursuant to the provisions of section 607,1006. Florida ! its Articles of Incorporation:	Statutes, this <i>Florida I</i>	Profit Corporation adopts the	following amendmen	it(s) to
A. If amending name, enter the new name of the cor	poration:			
			The new	
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp," word "chartered," "professional association," or the a	"Inc." or "Co". A			
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDR</u>	RESS)			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX				
D. If amending the registered agent and/or registere new registered agent and/or the new registered or		orida, enter the name of the	<u> </u>	
Name of New Registered Agent				
				
	(Florida street addres	s)		
New Registered Office Address:	(City)	, Florida	(Zip Code)	
	(Cili)		(zip Coae)	
New Registered Agent's Signature, if changing Regis I hereby accept the appointment as registered agent. I		eccept the obligations of the p	position,	
Signal	ure 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.

Example: X Change	<u> </u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	D	ROSEMARY LANGKAWEL	159 SAN SALVADOR STREET
x Add			NAPLES FLORIDA 34113
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

(Attach a	ding or adding additional Atuiditional sheets, if necessary)	. (Be specific)			
 			· · · · · · · · · · · · · · · · · · ·	***	
				•	
					
	 				
•					·
		·			
			····		
lf an an	iendment provides for an ex	change, reclassification	n, or cancellation of i	ssued shares.	
provisi	ons for implementing the an	endment if not contai	ned in the amendmen	t itself:	
(1)	not applicable, indicate N/A)				
			· ·-		
	· · · · · · · · · · · · · · · · · · ·				
		· · · · · · · · · · · · · · · · · · ·		- 	
			,		

	7/23/2019	
The date of each amendment(s):		, if other than t
date this document was signed.		
7/2 Effective date <u>if applicable</u> :	3/2019	
Effective date if applicable.	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the E	block does not meet the applicable statutory filing requirements, this date we partment of State's records.	fill not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were ac by the shareholders was/were s	opted by the shareholders. The number of votes cast for the amendment(s) ufficient for approval.	
	optoved by the shareholders through voting groups. The following statement reach voting group entitled to vote separately on the amendment(s):	
"The number of votes cas	t for the amendment(s) was/were sufficient for approval	
hy	(voting group)	
	(voting group)	
action was not required. The amendment(s) was/were ac	opted by the board of directors without shareholder action and shareholder opted by the incorporators without shareholder action and shareholder	
action was not required.		
8/7/2019		
Dated		
a.	il	
Signature	director, president or other officer – if directors or officers have not been	
	ed, by an incorporator – if in the hands of a receiver, trustee, or other court	
	nted fiduciary by that fiduciary)	
	PHILIP DEFRONZO	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	