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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: QUALITY HAND	YMAN & MAINTENANC	E PROPERTY SERVICES			
DOCUMENT NUM	BER: P20000052044					
The enclosed Articles	of Amendment and fee are su	bmitted for filing.				
Please return all corre	spondence concerning this ma	tter to the following:				
	Silvincia St. Hilaire-Fernand					
	Name of Contact Person					
	Sto Hilaire Financial Services, Inc.					
	Firm/ Company					
	8497 Pebble St					
	Address					
	Jacksonville, Florida 32221					
	City/ State and Zip Code					
	sthill@yahoo.com					
	E-mail address: (to be us	sed for future annual report	notification)			
For further information	on concerning this matter, pleas	se call:				
Silvincia St. Hilaire-Fernand		at (514-0970			
Name of Contact Person		Area Coo	ie & Daytime Telephone Number			
Enclosed is a check for	or the following amount made	payable to the Florida Depa	irtment 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)			
Am Div P.O	endment Section ision of Corporations Box 6327 tahassee, FL 32314	Amend Divisio The Ce 2415 N	Address ment Section n of Corporations entre of Tallahassee l. Monroe Street, Suite 810 ssee, FL 32303			

Articles of Amendment to Articles of Incorporation

QUALITY HANDYMAN & MAINTENANCE PROPERTY SERVICES IN IC

	y filed with the Florida Dept. of Sta	<u>ate</u>)
20000052044		
(Document Number o	f Corporation (if known)	
ursuant to the provisions of section 607.1006, Florida Statutes, this s Articles of Incorporation:	Florida Profit Corporation adopts th	e following amendment(s
. If amending name, enter the new name of the corporation:		
UALITY HANDYMAN & PROPERTY MAINTENANCE SERV	ICES, CO.	The new
ame must be distinguishable and contain the word "corporation," "o Inc" or Co.," or the designation "Corp," "Inc," or "Co". A chartered," "professional association," or the abbreviation "P.A."	A professional corporation name m	abbreviation "Corp" ust contain the word
Enter new principal office address, if applicable: Principal office address MUST BE A STREET ADDRESS)		702
	-	
Enter new mailing address, if applicable:		2
(Mailing address MAY BE A POST OFFICE BOX)		7: 0
		Ē
. If amending the registered agent and/or registered office add new registered agent and/or the new registered office address		<u>he</u>
Name of New Registered Agent	<u> </u>	
	reet address)	
	reet address)	da

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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>	John Doe			
X Remove	<u>v</u>	Mike Jones			
_X Add	<u>sv</u>	Sally Smith			
Type of Action (Check One)	Title	1	Name	Address	
1) Change					
Add					
Remove					
2) Change					
Add					
Remove Change	···	 -			
Add					
Remove					
4) Change		 -			
Add					
Remove					
5) Change		 .			
Add					
Remove					
6) Change		 -			
Add					
Remove					

Attach additional sheets, if necessary).	(Be specific)
	<u> </u>
.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
-	
f an amandmant provides for an eych	nange, reclassification, or cancellation of issued shares,
provisions for implementing the ame	endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
<u></u>	· · · · · · · · · · · · · · · · · · ·
· · · · · · · · · · · · · · · · · · ·	

S .

The date of each amendment(s)	doption:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the D	block does not meet the applicable statutory filing requirements epartment of State's records.	, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
■ The amendment(s) was/were action was not required.	opted by the incorporators, or board of directors without sharehol	lder action and shareholder
☐ The amendment(s) was/were ac by the shareholders was/were s	opted by the shareholders. The number of votes cast for the amenufficient for approval.	ndment(s)
• •	proved by the shareholders through voting groups. The following reach voting group entitled to vote separately on the amendment	
"The number of votes cas	for the amendment(s) was/were sufficient for approval	
by	······································	
	(voting group)	
selecti	Arector, president or other officer – if directors or officers have not by an incorporator – if in the hands of a receiver, trustee, or other officers by that fiduciary)	
	Silvincia St. Hilaire-Fernand	
	(Typed or printed name of person signing)	
	Treasurer	
	(Title of person signing)	·

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