Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

## Fax Number : (850)617-5380 ## From: Account Name : ASSURED ACCOUNTING AND TAX SERVICES Account Number : 120180000048 Phone : (954)793-0353 Fax Number : (954)944-3163	, Sij
Account Name : ASSURED ACCOUNTING AND TAX SERVICES Account Number : I20180000048 Phone : (954)793-0353 Fax Number : (954)944-3163	ভ
## Account Name : ASSURED ACCOUNTING AND TAX SERVICES Account Number : I20180000048 Phone : (954)793-0353 Fax Number : (954)944-3163	<u>~</u>
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Fax Number : (954)944-3163	
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**Enter the email address for this business entity to be used for future	(.)
Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.	 -
Email Address:	

COR AMND/RESTATE/CORRECT OR O/D RESIGN REAL QUALITY BUSINESS, CORP.

Certificate of Status	0
Certified Copy	0
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AUG 4 2021

S. PRATHER

Electronic Filing Menu

Corporate Filing Menu

Help

Articles of Amendment ion

10
Articles of Incorporat
of

REAL QUALITY BUSINESS	S, CORP.			
(Name of Corporation a	s currently filed w	ith the Florida Dep	t. of State	
P21000008338				
(Document	Number of Corpora	tion (if known)		
Pursuant to the provisions of section 607.1006, Florida Statis Articles of Incorporation:	lutes, this Florida F	Profit Corporation a	dopts the following	g amendme
A. If amending name, enter the new name of the corpo	ration:			
				The new
name must be distinguishable and contain the word "corpo "Inc.," or Co.," or the designation "Corp," "Inc.," or "chartered," "professional association," or the abbrevian	"Co". A profess			
B. Enter new principal office address, if applicable:				
(Principal office address <u>MUST BE A STREET ADDRE</u>	<u>52</u>)			
	-			
C. Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)				
D. If amending the registered agent and/or registered onew registered agent and/or the new registered office.		lorida, enter the na	me of the	
new registered agent audior the new registered office	te addi cas.			
Name of New Registered Agent			 -	-
				_
	(Florida street addres	. (2)		
New Registered Office Address:			_, Florida	
	(City)		(Zip C	Code)
Ni D. d. A				
New Registered Agent's Signature, if changing Register I hereby accept the appointment as registered agent. I am		accept the obligation	ns of the position.	
, ,				
c.	(1) D			_
Signature	e of New Registered	Agent, ij changing		
Check if applicable				
The amendment(s) is/are being filed aureupat to s. 607.	0.138 (1.137a) F.C.			

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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)

Example:

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 us a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

X Change	<u>PT</u>	John Doe	
X Reniove	<u>v</u>	Mike Jones	
_X Add	<u>SY</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	D	FABIANO R. MACHADO	980 N. FEDERAL HWY STE 110
Add			BOCA RATON, FL 33432
X Remove			
2) Change		_	
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change	-		
Add			
Remove			
6) Change			
Add			
Remove			

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If amending or adding additional Artic Attach additional sheets, if necessary).	(Be specific)	
PLEASE ADD FEIN: 86-193160	51	
<u> </u>		
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<u> </u>		
If an amendment provides for an exch	ange, reclassification, or cancellation of issued shares,	
(if not applicable, indicate N/A)	ndment if not contained in the amendment itself:	
····		
	_ 	

The date of each amendment(s)	idoptioa:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :	08/02/2021 (no more than 90 days after amendme	and file depth
	tho more than 90 days after amendme	ent file anter
Note: If the date inserted in this document's effective date on the D	block does not meet the applicable statutory filing lepartment of State's records.	requirements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were at action was not required.	lopted by the incorporators, or board of directors wit	hout shareholder action and shareholder
☐ The amendment(s) was/were as by the shareholders was/were:	lopted by the shareholders. The number of votes case of ficient for approval.	nt for the amendment(s)
	proved by the shareholders through voting groups. ir each voting group entitled to vote separately on the	1 .23
"The number of votes cas	t for the amendment(s) was/were sufficient for appro	
by	(voting group)	
	(voting group)	Accept the state of the state o
	_	
Dated AU	GUST 2, 2021	
04.00	47 ml	- <u> </u>
Signature	Fabiano R Machado (Aug 2, 2021 13:09 EDT)	<u> </u>
	director, president or other officer - if directors or of	fficers have not been
select	ed, by an incorporator - if in the hands of a receiver,	, trustec, or other court
appoi	nted fiduciary by that fiduciary)	
	PARIANON MACHARO	
	FABIANO R. MACHADO (Typed or printed name of person signi	ng)
	(r ypen or printed name or person signi	u6)
	DIRECTOR	
	(Title of person signing)	