Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

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COR AMND/RESTATE/CORRECT OR O/D RESIGN DEFINE QUALITY CORPORATION

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Electronic Filing Menu Corporate Filing Menu

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION:	DEFINE QUALITY CORP	PORATION		
	OCUMENT NUMBER: P23000024738				
The enclosed Articles i	of Amendment and fee are su	bmitted for filing.			
Please return all corresp	ondence concerning this ma	itter to the following:			
1	OVETTE DOBSON				
-		Name of Contact Person	n		
-		Firm/ Company			
	17350 STATE HWY 249 ST	E 220			
-		Address			
1	HOUSTON TX, 77064				
-		City/ State and Zip Cod	le		
1	EFILE1234@INCFILE.CON	ſ			
-	E-mail address: (to be us	sed for future annual report	notification)		
For further information	concerning this matter, plea-	se call:			
LOVETTE DOBSON		at (1	888-462-3453 ode & Daytime Telephone Number		
Name o	l'Contact Person	Area Co	de & Daytime Telephone Number		
Enclosed is a check for	the following amount made	payable to the Florida Dep	artment of State:		
■ \$35 Filing Fee	[1843.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Ame Divis P.O.	ing Address adment Section alon of Corporations Box 6327 hassee, FL 32314	Ameno Divisio The C 2415	Address Idment Section on of Corporations Tentre of Tallahassee N. Monroe Street, Suite 810 assee, FL 32303		

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Articles of Amendment Articles of Incorporation

•	of	
DEFINE QUALITY	' CORPORATION	
(Name of Corporation as currer	ntly filed with the Florida Dept. of State)	
P23000	024738	
(Document Number	of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, thits Articles of Incorporation:	is Florida Profit Corporation adopts the follow	wing 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." "Inc.," or Co.," or the designation "Corp," "Inc," or "Co", "chartered," "professional association," or the abbreviation "P.A	A professional corporation name must con ."	ation "Corp.," tain the word
B. Enter new principal office address, if applicable:	1728 NE Miami Gardens Dr #1039	
(Principal office address MUST BE A STREET ADDRESS)	Miami, FL 33179	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		2027 6
	1728 NE Miami Gardens Dr #1039	- 7 - 2 - 5
	Miami, FL 33179	20 t
		9
D. If amending the registered agent and/or registered office adnew registered agent and/or the new registered office addre		26
Name of New Registered Agent		.
	street address)	
New Registered Office Address:	Florida	

New Registered Agent's Signature, if changing Registered Agent:

Thereby accept the appointment as registered agent. Tam familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

(City)

Check if applicable

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

(Zip Code)

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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)

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

Example: X Change	<u>PT</u> <u>je</u>	o <u>hn Doc</u>	
X Remove	<u>V</u> <u>M</u>	like Jones	
X Add	<u>SV</u> <u>S</u>	ally Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) X Change	PSTD	Keandre Gipson	1728 NE Miami Gardens Dr #1039
Add			Miami, FL 33179
Remove			
2) Change			
Add			2021:
Remove 3) Change			2021:76 10
Add			
Remove			7 9 26
4)Change			26
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

If amending or adding additional Articles, enter change(s) here:	(((H23000131089
Attach additional sheets, if necessary), (Be specific)	
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an amendment provides for an exchange, reclassification, or cancellation of issued sha	res.
provisions for implementing the amendment if not contained in the amendment itself:	
provisions for implementing the amendment if not contained in the amendment itself:	
provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/4)	
provisions for implementing the amendment if not contained in the amendment itself:	
provisions for implementing the amendment if not contained in the amendment itself:	
provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/4)	
provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/4)	
provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)	
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provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/4)	
provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/4)	

The date of each amendment(s) a	daption:	, if other than the
date this document was signed.		
Effective date if applicable:		our a large of the think of the party of the te
	tno more than 90 days after amendment tile date)	
Note: If the date inserted in this I document's effective date on the Do	block does not meet the applicable statutory filing requirements, this date will epartment of State's records.	I not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was were adeaction was not required	opted by the incorporators, or board of directors without shareholder action and	l shareholder
The amendment(s) was were add by the shareholders was were si	opted by the shareholders. The number of votes cast for the amendment(s) officient for approval	2027 223 10
	proved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s)	22.10
"The number of votes cast	for the amendment(s) was were sufficient for approval	=
by	(voting group)	, 9: 27
	(voting group)	27
04/07/202. Dated	· · · · · · · · · · · · · · · · · · ·	
Signature <u>kaz</u>	irector, president or other officer - if directors or officers have not been	-
selecte	d, by an incorporator — if in the bands of a receiver, trustee, or other court ted fiduciary by that fiduciary)	
	Keandre Gipson	
	(Typed or printed name of person signing)	
	President	
	(l'itle of person signing)	4 4 14 14 14 14 14 14 14 14 14 14 14 14 14 14