## P93000056027

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SEFECTIVE DATE

SECRETARY OF STATE. ALLAHASSEE, FLORIDA

009 NOV 23 AH 11: 32

## **COVER LETTER**

. TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION:	QUALITY WHOLESALE	INC.
DOCUMENT NUM	TUMBER: P93000056227		
The enclosed Articles	s of Amendment and fee a	are submitted for filing.	
Please return all corre	espondence concerning th	is matter to the following:	
		DITH ANN HOLDEN	
	Ŋ	Name of Contact Person	
	QUALI	ITY WHOLESALE INC.	
	Firm/ Company		
_	5686 JASON LEE PL		
		Address	
	SA	RASOTA,FL 34233	
	C	ity/ State and Zip Code	
	judyholder E-mail address: (to be use	n34238@yahoo.com ad for future annual report notification)	
For further information	on concerning this matter,	please call:	
	ANN HOLDEN		924-7099
Name of	Contact Person	Area Code & Daytime To	elephone Number
Enclosed is a check for	or the following amount n	nade payable to the Florida Depa	rtment 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)
Mailing Address Amendment Section		Street Address Amendment Section	
Division of C	•	Division of Corporations Clifton Building	
P.O. Box 6327 Tallahassee, FL 32314		2661 Executive Center Circ Tallahassee, FL 32301	cle

	<del></del>		· <del></del> <u>-</u>
•	Articles of Amendment	EFFECTIVE DATE	<i>\$</i> <sub>1</sub> ,
. <b>A</b>	Articles of Incorporation	12-3-09	SECRETARY AMIL: 32
	of,	,	SN MOV 2
( Wicky	INTHORM	b tNC.	CORE . S AL
(Name of Corporation as curre	ntly filed with the Florida	Dept. of State)	14 ASS 10 11:30
	792/VV)056	7227	SEE ENSTAN
(Document Num	ber of Corporation (if know	n)	508/S
`	* `	,	<b>~</b>
Pursuant to the provisions of section 607.1006 amendment(s) to its Articles of Incorporation:	, Florida Statutes, this <i>Flo</i>	rida Profit Corporation adopts	the following
A. If amending name, enter the new name of	the corporation;		
			he new
name must be distinguishable and contain the abbreviation "Corp.," "Inc.," or Co.," or the aname must contain the word "chartered," "prof	designation "Corp," "Inc,"	or "Co". A professional corp	
B. Enter new principal office address, if appl			
(Principal office address <u>MUST BE A STREET</u>	<u>raddress</u> )		
		<del> </del>	
C. Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFIC			
D. If amending the registered agent and/or re		Florida, enter the name of the	
new registered agent and/or the new registered	tereu office aduress:		
Name of New Registered Agent:			
New Registered Office Address:	(Florida street ad	dress)	
		who re	
-	(City)	, Florida (Zip Code)	
	(Cily)	(zip code)	
New Registered Agent's Signature, if changin		a da an e e	• • •
I hereby accept the appointment as registered ag	zent. I am familiar with an	a accept the obligations of the p	osition.
Si	gnature 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)

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
<u>P</u>	WILLIAM HOLDEN .	8834 MISTY CREEK DR SARASOTA FL 34241	☐ Add ☑ Remove
<u>VP</u>	WILLIAM HOLDEN	8834 MISTY CREEK DR SARASOTA FL 34241	□ Add ☑ Remove
<u>s</u>	WILLIAM HOLDEN	8834 MISTY CREEK DR SARASOTA,FL 34241	□ Add ☑ Remove
T	WILLIAM HOLDER	BO34 HISTY CREEK DIN SARASUTA FI 3424	Z ADD
	ding or adding additional Articles, endditional sheets, if necessary). (Be sp	nter change(s) here:	/ W REMOVE
· · · · · · · · · · · · · · · · · · ·			
,,,			· · · · · · · · · · · · · · · · · · ·
		, , , , , , , , , , , , , , , , , , , ,	
provisi	mendment provides for an exchange, ions for implementing the amendmen not applicable, indicate N/A)		
I WILLIAI	M HOLDEN DO TRANSFER MY	250 SHARES TO JUDITH ANN	HOLDEN.
THIS WIL	LL LEAVE JUDITH ANN HOLDEI	N WITH 500 SHARES AND MY	SELF WITH ZERO
·			
	The transfer of the second sec		
		•	

## 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)

<u>Title</u>	<u>Name</u>	Address	Type of Action
<u> </u>	JUDITH ANN HOLDEN	8834 MISTY CREEK DR SARASOTA.FL 34241	☑ Add ☐ Remove
<u>VP</u>	JUDITH ANN HOLDEN	8834 MISTY CREEK DR SARASOTA FL 34241	☑ Add ☐ Remove
<u>s</u>	JUDITH ANN HOLDEN	8834 MISTY CREEK DR SARASOTA FL 34241	☑ Add ☐ Remove
T :	TUDITH ANN HOLDEN	BB34 MISTY CREEK I SAPASOTA, FI 34241	RMADD
	g or adding additional Articles, enter c tional sheets, if necessary). (Be specific		
F. If on amer	idment provides for an exchange, recla	essification or cancellation of ics	unad chares
provisions	for implementing the amendment if no applicable, indicate N/A)		
I WILLIAM H	IOLDEN DO TRANSFER MY 250	SHARES TO JUDITH ANN	HOLDEN.
THIS WILL I	EAVE JUDITH ANN HOLDEN WI	TH 500 SHARES AND MYS	ELF WITH ZE
******			

The date of each amendment	(s) adoption: 11	l-3-09
Effective date if applicable:	12-3-09	(date of adoption is required)
	(no more than 9	90 days after amendment file date)
Adoption of Amendment(s)	(СН	IECK ONE)
The amendment(s) was/we by the shareholders was/w		shareholders. The number of votes cast for the amendment(s) approval.
		ne shareholders through voting groups. The following statement group entitled to vote separately on the amendment(s):
"The number of votes	cast for the amen	dment(s) was/were sufficient for approval
by		,,,
•	(voting group)	·
The amendment(s) was/we action was not required.	re adopted by the	board of directors without shareholder action and shareholder
The amendment(s) was/we action was not required.	re adopted by the	incorporators without shareholder action and shareholder
Dated 11-3	-09	the dec
(By seld		dent or other officer – if directors or officers have not been porator – if in the hands of a receiver, trustee, or other court by that fiduciary)
		WILLIAM HOLDEN
	(Ту	ped or printed name of person signing)
		PRESIDENT
	(Title o	f person signing)