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TO: Amendment Section Division of Corporations

Amendment Section

P.O. Box 6327

Division of Corporations

Tallahassee, FL 32314

NAME OF CORPOR	RATION: FALTERS QUAL	ITY SERVICE INC	
DOCUMENT NUMI			
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corres	spondence concerning this ma	tter to the following:	
	KELLY JEWETT		
		Name of Contact Person	1
		Firm/ Company	
	PO BOX 1144		
	· · ·	Address	
	SAN ANTONIO, FL 33576-	1144	
		City/ State and Zip Cod	е
TAXI	ED.GENIE@GMAIL.COM	•	•
	E-mail address: (to be us	sed for future annual report	notification)
For further information	n concerning this matter, pleas	se call:	
KELLY JEWETT		at (³⁵²	588-4548
Name o	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check fo	r the following amount made	payable to the Florida Depa	artment 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		Street	Address

Amendment Section

Clifton Building

Division of Corporations

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of



FALTERS QUALITY SERVICÈ INC

2016 JUN 23 PM 12: 32

		, , , , , , , , , , , , , , , , , , , ,	<u> </u>
(Name)	of Corporation as currentl	y filed with the Florida Do	ept. of State)
94000062868	, '	,	
	(Document Number of	Corporation (if known)	,
tursuant to the provisions of section 607. s Articles of Incorporation:	1006, Florida Statutes, this	Florida Profit Corporation	adopts the following amendment(s
A. If amending name, enter the new na	ame of the corporation:		•
			The new
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	nation "Corp," "Inc," or "	Co". A professional corp	
3. Enter new principal office address, Principal office address <u>MUST BE A S</u>			
C. Enter new mailing address, if appl (Mailing address MAY BE A POST			
(maining university MAT BE A FOST	OFFICE BOX)		
			
. If amending the registered agent ar			ame of the
new registered agent and/or the ne	w registered office address	<u>.</u>	
Name of New Registered Agent	CHRISTINE FALTER		
	2234 FRITZKE RD		
	(Florida str	eet address)	
New Registered Office Address:	DOVER	•	. Florida
New Registered Office Address.		(City)	(Zip Code)
		(City)	(zip Code)
Town The set of south Asses (A. C.)	L. A. D.J. A. D.		
New Registered Agent's Signature, if c hereby accept the appointment as regist			ions of the vosition.
coy accept me appointment as regis.	a. on agom. I am jammur	and accept the conguit	and of the boundary
	Chustin M.	Telte	
	Signature of Man E	agistared Agent if changin	

If amending the Officers and/or Directors, enter the title an	id 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>PT</u>	John D	oe · · · ·		
X Remove	<u>v</u>	Mike Jo	<u>ones</u>		
X Add	<u>sv</u>	Sally S	mith		
Type of Action (Check One)	<u>Title</u>		Name		<u>Addres</u> s
1) Change	D		RICHARD FALTER		2234 FRITZKE ROAD
Add				÷ .	DOVER, FL 33527
X Remove					
2) Change	D	 -	CHRISTINE FALTER		2234 FRITZKE ROAD
X Add					DOVER, FL 33527
Remove					
3) Change					
Add					
Remove					<u>.'</u>
4) Change					
Add				•	
Remove					
5) Change					
Add					
Remove					
6) Change					
Add	•			i de	
Remove					

tach additional sheets, if necess	sary). (Be specific)			
				
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		· , , , , , , , , , , , , , , , , , , ,		
n amendment provides for a	n avchanga raclassifi	cation or cancellatio	n of iccuad charac	
ovisions for implementing th	e amendment if not c	ontained in the amer	idment itself:	
(if not applicable, indicate N	V/A)			
		.		

The date of each amendment(s) ado	ption:	, if other than the
date this document was signed.	<u> </u>	SECRETARY OF STAIN DIVISION OF CORPORATION
Effective date if applicable:		
	(no more than 90 days after amendment	file date) 2016 JUN 23 PM 12: 32
Note: If the date inserted in this blo document's effective date on the Department.	ck does not meet the applicable statutory filing recurrent of State's records.	uirements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were adopt by the shareholders was/were suffi	ed by the shareholders. The number of votes cast for cient for approval.	r the amendment(s)
	wed by the shareholders through voting groups. The ach voting group entitled to vote separately on the a	
"The number of votes cast fo	r the amendment(s) was/were sufficient for approval	
by		, ·
•	(voting group)	
action was not required.	ed by the board of directors without shareholder act	
action was not required.	,	
Dated	20-16	
Signature	uiting M. Feltz	·
selected,	ector, president or other officer – if directors or offic by an incorporator – if in the hands of a receiver, tru if fiduciary by that fiduciary)	
C	HRISTINE FALTER	n All State (All State) All State (All Sta
	(Typed or printed name of person signing)	
· · · D	IRECTOR	
	(Title of person signing)	