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From:

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COR AMND/RESTATE/CORRECT OR O/D RESIGN QUARTERGULF, INC.

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COVER LETTER

TO: Amendment S Division of Co				
NAME OF CORP	ORATION: QUARTERGUL	F, INC		
	MBER: P96000073629			
The enclosed Article	es of Amendment and fee are s	submitted for filin	g.	
Please return all con	respondence concerning this m	atter to the follow	ing:	
	Pamela Lundborg, Esq.			
		Name of Con	tact Perso	on
	Quaries and Brady, LLP			
		Firm/ Co	mpany	
	1395 Panther Lane Suite 300		•	
		Addre	ess.	
	Naples, FL 34109			
		City/ State and	l Zip Cod	le
	pam.lundborg@quarles.com	and murphyll	77@gmail	l.com
	E-mail address: (to be u	sed for future ann	ual report	notification)
For further information	on concerning this matter, plea	se cali;		
Pamela Lundborg		61	7) 967-7402 de & Daytime Telephone Number
Name	of Contact Person	(Area Co	de & Daytime Telephone Number
Enclosed is a check for	or the following amount made	payable to the Flo	rida Depi	artment of State:
S35 Filing Fee	☐\$43.75 Filing Fcc & Certificate of Status	S43.75 Filing Certified Cop (Additional co enclosed))'	S52,50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314			Amenda Division The Ce 2415 N	Address ment Section n of Corporations entre of Tallahassee J. Monroe Street, Suite 810 ssee, FL 32303

Check if applicable

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

2394344999

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Articles of Amendment to Articles of Incorporation of

QUARTERGULF, INC.			
(Name P96000073629	of Corporation as currer	tly filed with the Florida Dept. of State)	
	(Document Number	of Corporation (if known)	
Pursuant to the provisions of section 60 its Articles of Incorporation:	7.1006, Florida Statules, thi	s Florida Profit Corporation adopts the following amendmen	if(s) to
A. If amending name, enter the new i	name of the corporation:		
name must be distinguishable and contai "Inc.," or Co.," or the designation " "chartered," "professional association,	Corp," "Inc," or "Co".	The new "company," or "incorporated" or the abbreviation "Corp.," A professional corporation name must contain the word "	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		919 Shady Valz	
		Bryson City, NC 28713	
C. Enter new mailing address, if apple (Mailing address MAY BE A POST) D. If amending the registered agent and new registered agent and/or the new	OFFICE BOX) ad/or registered office add	ress in Florida, enter the name of the	m (3, 2) in 3, 4
	CT Corporation System		
Name of New Registered Agent	1200 South Pine Island Ro	ned	
		reci oddress)	
New Registered Office Address:	Plantation	, Florida 33324	
	<u> </u>	(Clty) (Zip Code)	
New Registered Agent's Signature, if c	ered agent. I am familiar s I ,	(CI(y) (Zip Code)	
nepri	Signature of New R	egistered Agent, If changing	

QUARLES & BRADY

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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 stile by the first letter of the office title:

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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	PI	John Dce	
X Remove	Ā	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Clicck One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change			
Add			
Remove			
2) Change			
Add			
Remove 3) Change		_	
Add			
Remove			
4)Change			1
Add			
Remove			
5) Change			
Add			
Remove			
റ Change			
Add			
Remove			

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Attach additional sheets, if necessary).	(Be specific)	
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		-
n amendment provides for an excha	nge, reclassification, or cancellation of issued sha	ires,
ovisions for implementing the amend (if not applicable, indicate N/A)	Iment if not contained in the amendment itself:	
		<u> </u>
· · · · · · · · · · · · · · · · · · ·		

date this document was signed.	, if other than the
Effective date if applicable:	•
	ore than 90 days after amendment file date)
Note: If the date inserted in this block does not meet document's effective date on the Department of State's	the applicable statutory filing requirements, this date will not be listed as the records.
Adoption of Amendment(s) (CHECK O	<u>NE</u>)
The amendment(s) was/were adopted by the incorpor action was not required.	ators, or board of directors without shareholder action and shareholder
The amendment(s) was/were adopted by the sharehol- by the shareholders was/were sufficient for approval.	ders. The number of votes cast for the amendment(s)
The amendment(s) was/were approved by the shareho must be separately provided for each voting group er	olders through voting groups. The following statement titled to vate separately on the aniendment(s):
"The number of votes cast for the amendment(s) was/were sufficient for approval
by	· ·
(voting group)
December 26, 2023 Dated Signature	un fahre
(By a director, president of or selected, by an incorporator - appointed fiduciary by that fi	ther difficer Af directors or officers have not been If in the lands of a receiver, trustee, or other court
Patrick Murphy	· · · · · · · · · · · · · · · · · · ·
(Typed or	printed name of person signing)
President	
(Title of pe	erson signing)