P9900033449

(Requ	estor's Name)	
(Addre	ess)	
(Addre	ess)	
(City/S	State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Busin	ness Entity Nar	me)
(Docu	ıment Number)	
Certified Copies	Certificate	s of Status
Special Instructions to Fil	ling Officer	
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Office Use Only



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FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

September 23, 2004

JOHN CHIORONDO QUALITY ONE WIRELESS INC. 804 A EYNE DR OVIEDO, FL 32765

SUBJECT: QUALITY ONE WIRELESS INC.

Ref. Number: P99000033449

We have received your document for QUALITY ONE WIRELESS INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form submitted cannot be filed without a signature. You may delete this individual by filing an amendment or by amending the 2004 Annual Report.

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6957.

Letter Number: 204A00056050

Pamela Smith Document Specialist

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Quality One Wireless, Inc
DOCUMENT NUMBER: \$9900033449
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
(Name of Contact Person)
Qually One Weeless, The
804 A Eyne DR (Address)
Occiedo Pl 32765 (City/ State/ and Zip Code)
For further information concerning this matter, please call:
Name of Contact Person) at (407) 977-9696 (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$35 Filing Fee
Mailing Address Amendment Section Street Address Amendment Section

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

Amendment Section Division of Corporations

409 E. Gaines Street

Tallahassee, FL 32399

Articles of Amendment

FILED

Articles of Incorporation of

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	IN COR MINESCE TO ALLAHASSEE, FLO
-Chal	(Name of corporation as currently filed with the Florida Dept. of State)
^ -	transfer of corporation as carreinly med with the Fields Sept. or state,
PC	19000033449
	(Document number of corporation (if known)
	isions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> amendment(s) to its Articles of Incorporation:
EW CORPORAT	E NAME (if changing):
Must contain the word "A professional corporate	'corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.") ion must contain the word "chartered", "professional association," or the abbreviation "P.A.")
	DOPTED- (OTHER THAN NAME CHANGE) Indicate Article Number(s) s) being amended, added or deleted: (BE SPECIFIC)
Thomas	Cuff- Delete from Officer
	(Attach additional pages if necessary)
If an amendment profer implementing the	ovides for exchange, reclassification, or cancellation of issued shares, provisions a amendment if not contained in the amendment itself: (if not applicable, indicate N/A
,	

(continued)

The date of each amendment(s) adoption:
Effective date if <u>applicable</u> : Old (no more than 90 days after amendment file date)
Adoption of Amendment(s) (CHECK ONE)
☐ The amendment(s) was/were approved by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):
"The number of votes cast for the amendment(s) was/were sufficient for approval by
(voting group)
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.
Signed this 3 day of (1900) (1
(Typed or printed name of person signing) (Title of person signing)

FILING FEE: \$35