P99000/8/588

| (Requestor's Name) | | | |
|---|--|--|--|
| (Address) | | | |
| (Address) | | | |
| (City/State/Zip/Phone #) | | | |
| PICK-UP WAIT MAIL | | | |
| (Business Entity Name) | | | |
| (Document Number) | | | |
| Certified Copies Certificates of Status | | | |
| Special Instructions to Filing Officer: | | | |
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Office Use Only



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COVER LETTER

TO: Amendment Section
Division of Corporations

| NAME OF CORPORATION: Quisw | erphone, Inc | |
|--|---|---|
| DOCUMENT NUMBER: P99 000 | 081588 | |
| The enclosed Articles of Amendment and fee are | submitted for filing. | |
| Please return all correspondence concerning this i | matter to the following: | |
| Vicki Leon | ard | |
| Nam | ne of Contact Person | |
| answerphone | Firm/ Company | |
| | Firm/ Company | |
| 332 Palmas C | urcle | |
| | Address | |
| St. Augustine, | / State and Zip Code | |
| E-mail address: (to be used for | or future annual report notification) | |
| For further information concerning this matter, pl | ease call: | |
| VICKI Leonard Name of Contact Person | | 2.78 phone Number |
| Enclosed is a check for the following amount made | de payable to the Florida Departi | ment 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 Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle | · |

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

| · Answerphone, Inc | <u> </u> |
|--|--|
| (Name of Corporation as currently filed with t | |
| · P990000 \$1588 | |
| (Document Number of Corporati | on (if known) |
| Pursuant to the provisions of section 607.1006, Florida Statut amendment(s) to its Articles of Incorporation: | es, this Florida Profit Corporation adopts the following |
| A. If amending name, enter the new name of the corporation | <u>n:</u> |
| After Sale Holdmas I | The new |
| After Sale Holdings, I name must be distinguishable and contain the word "corp abbreviation "Corp.," "Inc.," or Co.," or the designation "Coname must contain the word "chartered," "professional associations of the contain the word "contain the word "contain the word "corp abbreviation" and the contain the word "corp abbreviation" and the contain the word "corp abbreviation" and the contain the word "corp abbreviation" and the word "corp abbreviation" are contain the word "corp abbreviation" and the word "corp abbreviation" are contain the word "corp abbreviation" and the word "corp abbreviation" are contain the word "corp abbreviation" and the word "corp abbreviation" are contain the word "corp abbreviation" and the word "corp abbreviation" are contain the word "corp abbreviation" and the word "corp abbreviation" are contain the word "corp abbreviation" are contained as a contain the word "corp abbreviation" are contained as a contained are contained as a contai | orp," "Inc," or "Co". A professional corporation |
| B. Enter new principal office address, if applicable: | 332 Palmas Circle |
| (Principal office address <u>MUST BE A STREET ADDRESS</u>) | 332 Palmas Circle St. Augustine, Ti |
| | 33086 |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | 332 Palmas Circle St. Augustine, FC 32086 |
| | 3208(0 |
| D. If amending the registered agent and/or registered office new registered agent and/or the new registered office add | |
| Name of New Registered Agent: | |
| · | |
| New Registered Office Address: (Flori | da street address) |
| | , Florida |
| (City) | |
| New Registered Agent's Signature, if changing Registered A | gent: |
| I hereby accept the appointment as registered agent. I am fami | |

The state of the s

Signature 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)

| Title | | <u>Name</u> | <u>Address</u> | Type of Action |
|------------------|-------------|--|---|-----------------------|
| . , , | | | | ☐ Add ☐ Remove |
| | | | | ☐ Add ☐ Remove |
| | _ | | | |
| | | or adding additional Articles, enter chional sheets, if necessary). (Be specific | | |
| | | | | |
| | f an amon | dwart wasides for an auchanas walks | | |
| r. <u>1</u> I | rovisions | dment provides for an exchange, reclassifor implementing the amendment if no applicable, indicate N/A) | ssification, or cancellation of iss t contained in the amendment i | ued snares, tself: |
| | | | | |
| | | | | |
| | | | | |

| The date of each amendment(s) | adoption: (0/22/09 |
|--|---|
| | (date of adoption is required) |
| (r | no more than 90 days after amendment file date) |
| Adoption of Amendment(s) The amendment(s) was/were a by the shareholders was/were | (CHECK ONE) adopted by the shareholders. The number of votes cast for the amendment(s) |
| The amendment(s) was/were a | approved by the shareholders through voting groups. The following statemen for each voting group entitled to vote separately on the amendment(s): |
| "The number of votes cas | st for the amendment(s) was/were sufficient for approval |
| by | oting group) |
| The amendment(s) was/were a action was not required. | adopted by the board of directors without shareholder action and shareholder adopted by the incorporators without shareholder action and shareholder |
| action was not required. | adopted by the meorporators without shareholder action and shareholder |
| Dated 7 | 7/09 Video Llonard |
| (By a c | director, president or other officer – if directors or officers have not been ed, by an incorporator – if in the hands of a receiver, trustee, or other court need fiduciary by that fiduciary) |
| - | (Typed or printed name of person signing) |
| - | Shareholder & Director (Title of person signing) |