Department of State Division of Corporations

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To:

Division of Corporations

Fax Number : (850) 617-6380

From:

Email Address:

: VCORP SERVICES, LLC Account Name

Account Number : I20080000067 : (845)425-0077 Phone

Fax Number : (845)818-3588

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

## COR AMND/RESTATE/CORRECT OR O/D RESIGN CGL DISTRIBUTORS INC.

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**EXAMINER** 

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# 2/ 4

11-19-13;03:38PM;

13 NOV 19 AM 9: 39

Articles of Amendment to Articles of Incorporation οf

SECRETARY OF STATE TALL AHASSEE, FLORIDA

	••
	CGL Distributors Inc.
(Name of Co	rporation as currently filed with the Florida Dept. of State)
	P13000093207
	(Document Number of Corporation (if known)

Pursua following amendment(s) to its Articles of Incorporation:

	bile Distribution Inc.	The n
ame must be distinguishable and contain to bbreviation "Corp.," "Inc.," or Co.," or the ame must contain the word "chartered," "pro	designation "Corp," "Inc,"	or "Co". A professional corporati
. Enter new principal office address, if app		
Principal office address <u>MUST BE A STREE</u>	TADDRESS)	•
		<del></del>
Enter new mailing address, if applicable	<b>!</b>	
(Mailing address MAY BE A POST OFFIC		
	·	
If amending the registered agent and/or i	eristered office address in l	Florida, enter the name of the
new registered agent and/or the new regis		
Name of New Registered Agent:		
110000		
New Registered Office Address:	(Florida street ada	Iress)
	,	•
	(City)	, l <sup>z</sup> lorida <i>(Zip Code)</i>
		/I/
	(0.1.))	

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 fille, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Title Name Address Type of Action

					∏ Add □ Remove
E. <u>If amendi</u> (attach add	ing or adding addi ditional sheets, if ne	tional Articles, entreessary). (Be spe	er change(s) here: cific)		
provisio	endment provides us for implementing of applicable, indica	ig the amendment ite N/A)	eclassification, or If not contained in	cancellation of the amendine	issued shares, it itself:
		· · · · · · · · · · · · · · · · · · ·		-	

APPROVED AND

11-19-13;03:38PM;

13 NOV 19 AM 9: 39

The date of each amendment(s) adoption: November 19, 2013 (date of adoption is required)

SECRETARY OF STATE RIDA

Effective date if applicable:	TALLAHASSEE, FLO
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/we by the shareholders was/w	re adopted by the shareholders. The number of votes cast for the amendment(s) are sufficient for approval.
	re approved by the shareholders through voting groups. The following statement of 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	·*
	(voling group)
The amendment(s) was/wa 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_Nov	ember 19, 2013
Signature_	Abel Moin
sel	a director, president or other officer - if directors or officers have not been ected, by an incorporator - if in the hands of a receiver, trustee, or other court ointed fiduciary by that fiduciary)
	Farah Moiso
	(Typed or printed name of person signing)
	Incorporator
	(Title of person signing)