P14000097220

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BIVISION OF CORPORATIONS

c.V. 15

COVER LETTER

Division of Corporations NAME OF CORPORATION: ADELCO USA CORP P14000097220 DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: **SELMA BARAHONA** Name of Contact Person S & B QUALITY SERVICES INC Firm/ Company 7175 SW 8 ST STE 210 Address MIAMI FL 33144 City/ State and Zip Code CD5925@MSN.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: SELMA BARAHONA Area Code & Daytime Telephone Number Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: ■ \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status Certified Copy (Additional copy is

enclosed)

Mailing Address

TO: Amendment Section

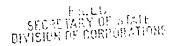
Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 **Street Address**

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

(Additional Copy

is enclosed)

Articles of Amendment to Articles of Incorporation of



ADELCO USA CORP

15 MAR -2 PH 2: 34

(Name of Corporation as currently filed with the Florida Dept. of State) P14000097220 (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: N/A name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp." "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." 515 SAN ANTONIO AVE B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) CORAL GABLES FL 33146 C. Enter new mailing address, if applicable: 515 SAN ANTONIO AVE (Mailing address MAY BE A POST OFFICE BOX) CORAL GABLES FL 33146 D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: N/A Name of New Registered Agent 515 SAN ANTONIO AVE (Florida street address) CORAL GABLES (City) New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

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)

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 <math>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 Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	N/A	N/A	515 SAN ANTONIO AVE
Add			CORAL GABLES FL 33146
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)	E. If amending or adding additional Articl	es, enter change(s) here:
If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)		(Be specific)
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(if not applicable, indicate N/A)	provisions for implementing the amend	Iment if not contained in the amendment itself:
N/A	(if not applicable, indicate N/A)	
	N/A	

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The date of each amendmen		DIVISION OF	CORPORATIONS	, if other than the			
date this document was signed		15 MAR -1	2 PM 2:34				
Effective date if applicable:	02/20/2015	a mara than 00 days after amonder	ant file data)				
(no more than 90 days after amendment file date)							
Adoption of Amendment(s)	(<u>CHEC</u>	(ONE)					
The amendment(s) was/we by the shareholders was/w	re adopted by the share ere sufficient for appro	cholders. The number of votes cast val.	t for the amendment(s)				
		reholders through voting groups. In the entitled to vote separately on the					
"The number of votes	s cast for the amendme	nt(s) was/were sufficient for appro-	val				
by			 ·				
_	(voting g	roup)					
The amendment(s) was/we action was not required.	re adopted by the board	d of directors without shareholder a	action and shareholder				
The amendment(s) was/we action was not required.	re adopted by the incor	porators without shareholder action	n and shareholder				
Dated_02/2	20/2015						
Dated		2//					
Signature	Call.	Theo work					
Se		or other officer — if directors or of ator — if in the hands of a receiver, nat fiduciary)					
	CALEB PRO	COPIO					
		(Typed or printed name of person	n signing)				
	PRESIDENT						
		(Title of person signing)					