(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:





800138723488

12/12/08--01019--009 **52.50



Amend Thereis 12-15-08

COVER LETTER

TO: Amendment Section **Division of Corporations**

			•				
NAME OF CORPORATION: _	INTEG	RATES	DISTRIB	ution	SERVICES, I		
DOCUMENT NUMBER:	L 035	-49					
The enclosed Articles of Amendm	ent and fee are si	ubmitted for	filing.				
Please return all correspondence co	oncerning this ma	atter to the fe	ollowing:				
(.	DAUID	T. AD	AMS				
	(Name of Co	ontact Person)		·			
INTEGRATED	DISTRI	BUTION) SERVI	CES, I	~C.		
	(Firm/ C	Company)					
9001	MARLI N	Stree	. /				
	(Ade	dress)					
CAPE C	IANAVCRA	L, F	-L. 32	1920			
	(City/ State a	and Zip Code)					
For further information concerning	g this matter, plea	ase call:					
DAVID TO ADAMS		_at (<u>32</u> .	1 799 Code & Daytime	7-9100	<u></u>		
(Name of Contact Persor		(Area	. Code & Daytime	t Telephone Nu	mber)		
Enclosed is a check for the following	ng amount:						
\$35 Filing Fee \$43.75 Filing Fee & Certificate of Status		\$43.75 Fil Certified (Addition enclosed	Copy al copy is	Certifi Certifi (Addit	Filing Fee cate of Status ed Copy ional Copy closed)		
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Clifton Bu 2661 Exec	nt Section f Corporations				

Articles of Amendment to Articles of Incorporation

	INTEGRATED DISTRIBUTION SERVICES, INC.
<u> </u>	(Name of corporation as currently filed with the Florida Dept. of State)
	(Name of corporation as currently fried with the Florida Dept. of State)
	L 03549
	(Document number of corporation (if known)
Duranant to the	provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i>
	wing amendment(s) to its Articles of Incorporation:
NEW CODDO!	RATE NAME (if changing):
NEW CORFO	RATE NAME (It changing).
Must contain the v	word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.")
	rporation must contain the word "chartered", "professional association," or the abbreviation "P.A.")
AMENDMENT	TS ADOPTED- (OTHER THAN NAME CHANGE) Indicate Article Number(s)
and/or Article T D としどつ	Title(s) being amended, added or deleted: (BE SPECIFIC)
	_
- SEAN	T. Smith - Officer, VICE President 01 MARLIN Street, CAPE CANAVERAL, FL. 32920
900	of marlin street, Cape Canaveral, FL. 32920
DELETE	TO THE TONAME - OF TI COR WAS PRESIDEN
	JACQUELYN D. ADAMS - OFFICER, VICE PRESIDENT 9001 MARLIN STREET, CAPE CANAVERAL, FC. 32920
	9001 MARLIN STREET CAPE CANAVERAL, FL. 33931
	1004 1010 - 100
,	
PLEASE Z Services, I	Delete the above people Srom the Integrated DISTRIB inc., LO3549 CORPORATION: SEANT. SMITH. V.P. AND JAC D. AZ
Please 2 Services, In	DeLete the above people Srom the Integrated DISTRIB INC., LO3549 CORPORATION: SEAN T. SMITH. V.P. AND JAC (Attach additional pages if necessary) Interpretation of issued shares, provision
Services, In	Delete the above people Srom the Integrated DISTRIB inc., LO3549 CORPORATION: SEANT. SMITH. V.P. AND JAC (Attach additional pages if necessary) Intervides for exchange, reclassification, or cancellation of issued shares, provisioning the amendment if not contained in the amendment itself: (if not applicable, indicate No.
Please 2 Services, In	

The date of each amend	nent(s) adoption:	December	II_j	2008
Effective date if applicat	ole: Decemb	er 11 20 ys after amendment file	08	
Adoption of Amendmen	t(s) (CHECK	ONE)		
	nt(s) was/were approve t(s) by the shareholder			number of votes cast for proval.
following state	nt(s) was/were approve ment must be separate the amendment(s):	_		
"The numb	er of votes cast for the	amendment(s) was	/were su	ufficient for approval by
	(voting group)	,	•	
	nt(s) was/were adopted er action was not requi		rectors v	vithout shareholder action
	nt(s) was/were adopted tion was not required.	by the incorporato	rs witho	out shareholder action and
Signature (By a director, president or selected, by an incorporate appointed fiduciary by tha	or - if in the hands of a	ors or off	icers have not been
	SDA.	VID T. A	DAM.	S
	(Typed or	r printed name of perso	n signing))
	Die	RECTOR - PR	esider	V
		(Title of person signing	ıg)	

FILING FEE: \$35