P000009269Y

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3ECRETARY OF STATE

SEP 2.7 2012

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Central St		, Inc.			
DOCUMENT NUMBER: P00000920	94	<u> </u>			
The enclosed Articles of Amendment and fee are	submitted for filing.				
Please return all correspondence concerning this m	natter to the following:				
Miguel Cedron-F	Ron				
	Name of Contact Person				
Central Station I	Distributors, Inc.				
	Firm/ Company				
PO Box 110628					
· · · · · · · · · · · · · · · · · · ·	Address				
Hialeah, FL 330	11-0628				
	City/ State and Zip Code	2			
palmspringsmilebp(Mamail com				
	used for future annual report	notification)			
E-man address. (to be	used for future annual report	notificationy			
For further information concerning this matter, ple	ease call:				
,,,					
Miguel Cedron-Ron	_{at (} 305				
Name of Contact Person	Area Co	de & Daytime Telephone Number			
Enclosed is a check for the following amount mad	e payable to the Florida Depa	artment 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	Street	Street Address			
Amendment Section	Amend	Amendment Section			
Division of Corporations		Division of Corporations			
P.O. Box 6327 Tallahassee, FL 32314	Clifton Building 2661 Executive Center Circle				

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

Central Station Distribute	ors, Inc.	
(Name of Corporation as	currently filed with the Flo	rida Dept. of State)
P00000092094		
(Documer	nt Number of Corporation (if l	known)
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this Fa	dorida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new na	ame of the corporation:	
		The new
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	nation "Corp," "Inc," or "C	" "company," or "incorporated" or the abbreviation o". A professional corporation name must contain the .A."
B. Enter new principal office address, (Principal office address <u>MUST BE A S</u>		
C. Enter new mailing address, if appli (Mailing address MAY BE A POST)		PO Box 110628
(Mailing address MAT BE A POST)	OFFICE BOX)	Hialeah, FL 33011-0628
D. If amending the registered agent an new registered agent and/or the new		ss in Florida, enter the name of the
Name of New Registered Agent	Miguel Cedron-R	on
	5090 W 4th Ave	
	(Florida stree	
New Registered Office Address:	Hialeah	, Florida 33012
	(City)	(Zip Code)
		••••;
New Registered Agent's Signature, if c		→
I hereby accept the appointment as regis	tered agent. Tam jamiliar wi	th and accept the obligations of the position
Si	gnature of New Registered As	gent, if changing
		me R I
		FLOAT C

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:

 $P = President; \ V = Vice \ President; \ T = Treasurer; \ S = Secretary; \ D = Director; \ TR = Trustee; \ C = Chairman or Clerk; \ CEO = Chief Executive Officer; \ CFO = Chief Financial Officer. \ If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.$

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.

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)	<u>Title</u>	Name	<u>Addres</u> s
1)Change	D	Ponchio, Mary T	
X Remove			
Z) X Change	V	Ponchio, Carlos R	5090 W 4th Ave
Add			Hialeah, FL 33012
Remove 3) Change	Р	Cedron-Ron, Miguel A	5090 W 4th Ave
X Add	<u> </u>		Hialeah, FL 33012
Remove			
4) Change			
Add Remove			
5) Change			
Add			were and the second of the sec
Remove			
6) Change			
Add			
Remove			

E. <u>If amend</u>	ling or adding additional dditional sheets, if necessar	Articles, enter chang	ge(s) here:		
	aantonai sneets, ij necessai	y). (Be specific)			
N/A					
		<u>-</u>			
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	11.1. The state of				,
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F. <u>If an ame</u>	endment provides for an one for implementing the	exchange, reclassific	ation, or cancellation	on of issued shares.	
<u>provisio</u> (if n	not applicable, indicate N/A	()	intained in the ainer	idment itsen.	
N/A					
	<u>,</u>				
*** **********************************					
<u>-</u>					
			,	***************************************	

The date of each amendment(s) adoption: July 1st, 2012 Effective date if applicable: (no more than 90 days after amendment file date) Adoption of Amendment(s) (CHECK ONE) The amendment(s) was/were adopted 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 ☐ 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. (By a director presiden or other officer - if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary) Miguel Cedron-Ron (Typed or printed name of person signing) President (Title of person signing)