

P02000091099

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

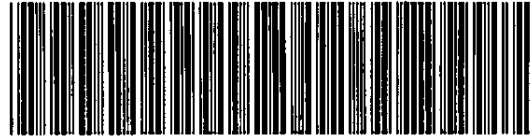
(Business Entity Name)

(Document Number)

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2016 SEP -8 PM 2:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

9/22/16

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: OWENS DISTRIBUTORS, INC.

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Michelle Berglund-Harper

Name of Person

Murphy + Berglund, PLLC

Firm/Company

1101 Douglas Avenue, Suite B

Address

Altamonte Springs, FL 32714

City/State and Zip Code

micnelle@murphyberglund.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michelle Berglund-Harper

Name of Person

at 407, 865-9553

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 24, 2016

MICHELLE BERGLUND
1101 DOUGLAS AVE., STE B
ALTAMONTE SPRINGS, FL 32714

SUBJECT: OWENS DISTRIBUTORS, INC.
Ref. Number: P02000091099

We have received your document for OWENS DISTRIBUTORS, INC. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The fee to file articles of amendment is \$35. Certified copies are optional and are \$8.75 for the first 8 pages of the document, and \$1 for each additional page, not to exceed \$52.50.

Amendments for Florida profit corporations are filed in compliance with section 607.1006, Florida Statutes. Please see the enclosed information.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Carol Mustain
Regulatory Specialist II

Letter Number: 516A00018035

Articles of Amendment
to
Articles of Incorporation
of

OWEN'S DISTRIBUTORS, INC.

(Name of Corporation as currently filed with the Florida Dept. of State)

P02000091099

(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:

The new 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."

B. Enter new principal office address, if applicable:
(Principal office address **MUST BE A STREET ADDRESS**)

C. Enter new mailing address, if applicable:
(Mailing address **MAY BE A POST OFFICE BOX**)

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:

Name of New Registered Agent Douglas P. Owens
2850 W. Airport Blvd.
(Florida street address)

New Registered Office Address: Sanford, Florida 32771
(City) (Zip Code)

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

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TALLAHASSEE, FLORIDA

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.

Example:

☒ Change PT John Doe
☐ Remove V Mike Jones
☒ Add SV Sally Smith

Type of Action
(Check One)

Title

Name

Address

- | | | | |
|-----------------------------------------------|------------|-------------------------|-------|
| 1) <input checked="" type="checkbox"/> Change | <u>DPS</u> | <u>peter D. owens</u> | _____ |
| _____ Add | | | _____ |
| _____ Remove | | | _____ |
| 2) _____ Change | <u>DPS</u> | <u>Douglas P. Owens</u> | _____ |
| <input checked="" type="checkbox"/> Add | | | _____ |
| _____ Remove | | | _____ |
| 3) _____ Change | _____ | _____ | _____ |
| _____ Add | | | _____ |
| _____ Remove | | | _____ |
| 4) _____ Change | _____ | _____ | _____ |
| _____ Add | | | _____ |
| _____ Remove | | | _____ |
| 5) _____ Change | _____ | _____ | _____ |
| _____ Add | | | _____ |
| _____ Remove | | | _____ |
| 6) _____ Change | _____ | _____ | _____ |
| _____ Add | | | _____ |
| _____ Remove | | | _____ |

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

The date of each amendment(s) adoption: _____, if other than the date this document was signed.

Effective date if applicable: _____
(no more than 90 days after amendment file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

by _____
(voting group)"

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.

Dated

7/1/2016

Signature

(By a director, president 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)

Douglas Peter Owens

(Typed or printed name of person signing)

President, Owens Distributors

(Title of person signing)