P03000029563

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(Document Number)	—
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Chillips .

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Paname	City Wholeso	he Supply Inc
DOCUMENT NUMBER: 703000 ZG5	43	
The enclosed Articles of Amendment and fee are sub	mitted for filing.	
Please return all correspondence concerning this matt	er to the following:	
Ehab Ahmer Panama Cry	Name of Contact Person Wholesale Firm/ Company	Supply Inc
4002 10VINO	Address FL 324 City/ State and Zip Code	05
E-mail address: (to be use		notification)
Ehab Ahmed Name of Contact Person	at (850 Area Co) 276-8734 de & Daytime Telephone Number
Enclosed is a check for the following amount made p	ayable to the Florida Depa	rtment of State:
\$35 Filing Fee \$\times \text{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 Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Amend Divisio Clifton	Address ment Section n of Corporations Building xecutive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

Panama City Wholescie	Supply, Inc	ı	_
(Name of Corporation as currently filed with	th the Florida Dept. of State)		
7030000 29563			
(Document Number of Corpo	ration (if known)		
Pursuant to the provisions of section 607.1006, Florida Statut its Articles of Incorporation:	es, this Florida Profit Corpora	ation adopts the following	3 amendment(s) to
A. If amending name, enter the new name of the corporate	tion:		
			_The new
name must be distinguishable and contain the word "cor "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc word "chartered," "professional association," or the abbrev	c," or "Co". A professional c	ncorporated" or the ab corporation name must c	breviation ontain the
B. Enter new principal office address, if applicable:			<u> </u>
(Principal office address <u>MUST BE A STREET ADDRESS</u>)		
		<u>.</u>	10
C. Enter new mailing address, if applicable:		<u>;,</u> ,	
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)			2
		e make	လ
D. If amending the registered agent and/or registered offi		ne name of the	
new registered agent and/or the new registered office a	address:		
Name of New Registered Agent			
(Fic	orida street address)		
New Registered Office Address:	E	lorida	
New Registered Office Tudi ess.	(City)	(Zip Code)	
New Registered Agent's Signature, if changing Registered	Agent:		
I hereby accept the appointment as registered agent. I am fai	miliar with and accept the oblig	gations of the position.	
Signature of New Regis	stered 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 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) 1) Change	Title	James P. Wowlin II	Address 328 W Beach Dr
Add Remove	_		Parama Cry, FL 32401
2) Change	7	Ehab Ahmed	Ranama Cry, FL D2405
Remove 3) Change Add Remove			
4) Change Add Remove			
5) Change Add Remove	<u></u>		
6) Change Add Remove			
Kemove			

rnach d	additional she	ig additional A ets, if necessary	v). (Be spe	cific)			
		<u> </u>				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
							
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					c		
f an ar	mendment nro	ovides for an e	xchange, rec	lassification.	or cancellat	ion of issued s	hares.
provis	ions for imple	ementing the a	mendment i	<u>not containe</u>	ed in the ame	ndment itself:	<u></u>
(if	пот аррисави	e, indicate N/A	,				
	<u> </u>						
			·				
	<u></u>			 			

The date of each amendment(s) add	option:	, if other than the
date this document was signed.		
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adop by the shareholders was/were suf	pted by the shareholders. The number of votes cast for the amendment(s) ficient for approval.	
The amendment(s) was/were appr must be separately provided for e	roved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	
	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
The amendment(s) was/were adopt action was not required.	pted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were adoption was not required.	pted by the incorporators without shareholder action and shareholder	
Dated10-2	2013	
Signature	factor, president or other officer – if directors or officers have not been	. <u></u>
	I, by an incorporator – if in the hands of a receiver, trustee, or other court	
• •	ed fiduciary by that fiduciary)	
_	Ehab Ahmed	
	(Typed or printed name of person signing)	
	Erab Ahmed (Typed or printed name of person signing) President (Title of person signing)	
-	(Title of person signing)	