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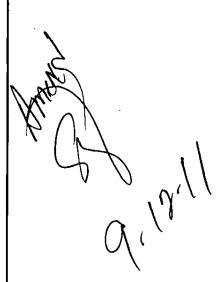
	(Requestor's Name)	
-	(Address)	
	(Address)	
	(City/State/Zip/Phone #)	
PICK-UP	WAIT	MAIL
	(Business Entity Name)	
((Document Number)	···
Certified Copies	Certificates of Statu	ıs
Special Instructions	to Filing Officer:	

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COVER LETTER

TO: Amendment Section Division of Corporations

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ű

NAME OF CORPORATION: _	Global Cabinet Distributors, Inc	 .
DOCUMENT NUMBER:	P07000111014	
The enclosed Articles of Amendm	nt and fee are submitted for filing.	
Please return all correspondence co	ncerning this matter to the following:	
	Terri Reevs	 -
	Name of Contact Person	
	Global Cabinet Distributors, Inc	_
	Firm/ Company	
	16355 NW 48TH AVENUE	
	Address	-
	Miami Gardens, Florida 33014	
	City/ State and Zip Code	-
	globale abintoaol.com	
E-mail add	ess: (to be used for future annual report notification)	
For further information concerning	this matter, please call:	
Terri Reeves	at (305) 625-9814 Area Code & Daytime Telephone Numb	
Name of Contact Person	Area Code & Daytime Telephone Numb	er
Enclosed is a check for the follow	ng amount made payable to the Florida Department of Sta	te:
☑ \$35 Filing Fee ☐ \$43.75 Fili Certificate	of Status Certified Copy Certificat (Additional copy is enclosed) Certified	te of Status
Mailing Address 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

Articles of Amendment Articles of Incorporation

MINSEP MASON

Global Cabinet Distributors, Inc.

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

P07000111014

(Document Number of Corporation (if known)

Pursuant to the provisions of section 607 1006 Florida Statutes this Florida B.

	of the corporation:	The ne
name must be distinguishable and contain abbreviation "Corp.," "Inc.," or Co.," or the name must contain the word "chartered," "pr	ne designation "Corp," "Inc,	company," or "incorporated" or th
B. Enter new principal office address, if ap (Principal office address MUST BE A STRE		
Trincipul office univers MOST BE A STRE	ET ADDRESS)	
	 	
C. Enter new mailing address, if applicable		
(Mailing address <u>MAY BE A POST OFF</u>	TCE 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 reg	istered office address:	
new registered agent and/or the new rej		
Name of New Registered Agent:		
	(Florida street aa	dress)
Name of New Registered Agent:		, Florida
Name of New Registered Agent:	(Florida street aa (City)	•

Page 1 of 3

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)

<u>Title</u>	<u>Name</u>	Address	Type of Action
<u>P,T</u>	Terri Reeves	964 Harborview Hollywood Florida 33019	∠
VP,S	Ed Gelband	20281 E Country Club Dr # 712 Aventura Florida 33180	
			_
	ling or adding additional Article lditional sheets, if necessary). (
provisi		ange, reclassification, or cancellation of is dment if not contained in the amendment	

The date of each amendment(s) adoption: June 15, 2011
Effective date if applicable: June 15, 2011 (date of adoption is required)
(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
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 + 91-11 Signature × Uh leeves
(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)
Terri Reeves
(Typed or printed name of person signing)
President
(Title of person signing)