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17 SEP -6 AM 9: 27

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## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Your Source Pro	ducts, Inc.
DOCUMENT NUMBER: p08000010490	
The enclosed Articles of Amendment and fee are s	submitted for filing.
Please return all correspondence concerning this m	natter to the following:
Allison Brandstetter, Esq.	
	Name of Contact Person
<u> </u>	Firm/ Company
5115 Joanne Kearney Blyd.	
Tampa, FL 33619	Address
<u></u>	City/ State and Zip Code
allison.brandstetter@chadwellsup	, .
- 11	used for future annual report notification)
	,
For further information concerning this matter, ple	ease call:
Allison Brandstetter	at (813 ) 315-2953
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount mad	e payable to the Florida Department of State:
☐ \$35 Filing Fee ☐\$43.75 Filing Fee & Certificate of Status	Certified Copy (Additional copy is enciosed)  CI\$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	Street Address  Amendment Section  Division of Corporations  Clifton Building  2661 Executive Center Circle  Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

FILED

Your Source Products, Inc.

17 SEP -6 AH 9: 26

104. 004.00 1.004.01	11		
(Name)	of Corporation as curre	ntly filed with the Florida Dept. of Siz	itel CE JAMES
p08000010490		MELAHAS	GET PEREIDA
	(Document Numbe	of Corporation (if known)	·
Pursuant to the provisions of section 607. its Articles of Incorporation:	.1006, Florida Statutes, th	is Floridu Profit Corporation adopts th	e following amendment(s) t
A. If amending name, enter the new na	 ame ofithe corporation:		
YSP Supply, Inc.			The new
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	ation "Corp," "Inc," o	"Co". A professional corporation na	or the abbreviation
B. Enter new principal office address,	if applicable:	5115 Joanne Kearney Blvd	
(Principal office address MUST BE A S		Tampa, FL 33619	
C. Enter new mailing address, if apple (Mailing address MAY BE A POST)  D. If amending the registered agent an new registered agent and/or the new	office address of the	ess:	<u>.e</u>
Name of New Registered Agent	Allison Brandstetter, Es	q,	<del></del>
	5115 Joanne Kearney B	lvd	
	(Florida	street address)	
New Registered Office Address:	Tampa	, Florid	33619
		(City)	(Zip Code)
New Registered Agent's Signature, if c I hereby accept the appointment as regist			position.
	a pto	Abo	
	Signature of Ne	v Registered Agent, if changing	

address of each Officer a (Attach additional sheets, Please note the officer/dir P = President; V = Vice I Executive Officer; CFO = held. President, Treasurer Changes should be noted a change, Mike Jones leav Mike Jones, V as Remove,	and/or Di if necessivector title President; Chief F Directo in the fol- ves the co	rector beingry)  by the first  T = Treasur  inancial Off  r would be forwing mann  proporation,	g added: letter of the office title: ver; S= Secretary; D= Director; TR= icer. If an officer/director holds mor PTD. ver. Currently John Doe is listed as to cally Smith is named the V and S. The.	er/director being removed and title, name, and  = Trustee; C = Chairman or Clerk; CEO = Chiefre than one title, list the first letter of each office the PST and Mike Jones is listed as the V. There is se should be noted as John Doe, PT as a Change,
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)	Title	<u>N</u>	   <u>me</u> 	<u>Addres</u> s
1) Change				
Add				
Remove				
2) Change				<u> </u>
Add				
Remove				
3 ) Change		- –	11	
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
6) Change		_ <u>-</u>	<u> </u>	
Add				

Remove

E. <u>If amending or adding additional Article</u>	a cutor change(s) hore:
(Attach additional sheets, if necessary).	Be specific)
(	
	<u> </u>
	II
<del></del>	
<u> </u>	<u>                                     </u>
F. If an amendment provides for an exchan	ge reclassification, or cancellation of issued shares,
provisions for implementing the amenda (if not applicable, indicate N/A)	ment if not contained in the amendment itself:
(y noi apphenoie, mandae 1774)	
<del></del>	
	<u> </u>
	<del>     </del>
	\\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \

The date of each amendment(s) adoption: _ date this document was signed.	if other than the
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)
Note: If the date inserted in this block does document's effective date on the Department	not meet the applicable statutory filing requirements, this date will not be listed as the of State's records.
Adoption of Amendment(s)	HECK ONE)
☐ The amendment(s) was/were adopted by the shareholders was/were sufficient for	
	the shareholders through voting groups. The following statement ng group entitled to vote separately on the amendment(s):
"The number of votes cast for the an	nendment(s) was/were sufficient for approval
by	voting group)
(1	oting group)
The amendment(s) was/were adopted by the action was not required.	board of directors without shareholder action and shareholder
action was not required.	e incorporators without shareholder action and shareholder
Dated	28/2017
SignatureA	12/2017 12/018
(By a director, pr selected, by an ir	esident or other officer – if directors or officers have not been acciporator – if in the hands of a receiver, trustee, or other court ary by that fiduciary)
ALLi	Son Brands tetter, Esq. (Typed or printed name of person signing)
ALLis	on Brandstetter, E6Q. (Title of person signing)
FL B	AR # 151912