

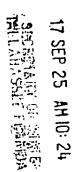
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(A	ddress)	
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(C	ity/State/Zip/Phone#)
PICK-UP	MAIT	MAIL
(B	usiness Entity Name)
(D	ocument Number)	
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: YSP SUPPLY, IN	C. 	-
DOCUMENT NUMB	ER: P08000010490		
The enclosed Articles of	of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this ma	tter to the following:	
	Allison Brandstetter, Esq.		
•		Name of Contact Persor	1
-		Firm/ Company	
	5115 Joanne Kearney Blvd		
•		Address	· · · · · · · · · · · · · · · · · · ·
	Tampa, Fl 33619		
		City/ State and Zip Code	*
allison	.brandstetter@chadwellsupp	ly.com	
	E-mail address: (to be us	sed for future annual report	notification)
For further information	concerning this matter, pleas	se call:	
allison brandstetter		at (813	315-2953
Name o	f Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	rtment of State:
S35 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)
Ame Divis P.O.	ing Address Indiment Section Ition of Corporations Box 6327 hassee, FL 32314	Amend Divisio Clifton 2661 E	Address ment Section n of Corporations Building xecutive Center Circle assee, FL 32301

Articles of Amendment to Articles of Incorporation

FILED 17 SEP 25 AH 10: 23

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(Name of C	orporation as currently	filed with the Flori	da Dept. of State)	1. 1. 日本問題春
	(Document Number of	Corporation (if know	n)	
dursuant to the provisions of section 607.100 s Articles of Incorporation:	6. Florida Statutes, this F	lorida Profit Corpor	cation adopts the follo	owing amendment(s)
. If amending name, enter the new name	of the corporation:			
Your Source Products, Inc.				The new
ame must be distinguishable and contain "Corp" "Inc" or Co.," or the designation ord "chartered," "professional association	n ["Corp," "Inc." or "C	o". A professional		ue abbreviation
Enter new principal office address, if a Principal office address MUST BE A STRE				
C. Enter new mailing address, if applicab (Muiling address <u>MAY BE A POST OF I</u>				
). If amending the registered agent and/or new registered agent and/or the new re		ss in Florida, enter	the name of the	
Name of New Registered Agent	:		 -	
_	(Florida stree	et address)		
New Registered Office Address:			, Florida	
	(0	City)		Zip Code)
ew Registered Agent's Signature, if change thereby accept the appointment as registered	ging Registered Agent: Lågent. – Lam familiar wi	th and accept the ob	ligations of the positi	on.
<u></u> .	S' CH D	uistarad Agant if che		

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)	Title	<u>Name</u>	<u>Addres</u> s
1) Change			
Add			
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change		-	
Add			
Remove			
6) Change			
Add			
Remove			

f an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)		(Be specific)
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The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date <u>if applicable</u> :	 :
(no more than 90 days after amendment file dat	e)
Note: If the date inserted in this block does not meet the applicable statutory filing requirement document's effective date on the Department of State's records.	nts, this date will not be listed as the
Adoption of Amendment(s) (<u>CHECK ONE</u>)	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the an by the shareholders was/were sufficient for approval.	nendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The followinust be separately provided for each voting group entitled to vote separately on the amendment.	
"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 action was not required.	shareholder
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and share action was not required.	eholder
Dated $9/21/2017$ Signature $\alpha r(4)$	
Signature a r C	
(By a director, president or other officer – if directors or officers have selected, by an incorporator – if in the hands of a receiver, trustee, or appointed fiduciary by that fiduciary)	
ALLISON Brandstefter, L (Typed or printed name of person signing)	-sa
FL BAR # 151912 (Title of person signing)	
(Title of person signing)	