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## **COVER LETTER**

TO: Amendment Section

**Division of Corporations** NAME OF CORPORATION: WNH DISTRIBUTION, INC. P09000082039 DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: **Christy Harris** Name of Contact Person WNH DISTRIBUTION Firm/ Company 250 International Parkway Suite 230 Address Heathraw FL 32746 City/ State and Zip Code charris@dualcorp.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (407 936-0129

Area Code & Daytime Telephone Number **Christy Harris** Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: ■\$52.50 Filing Fee □ \$35 Filing Fee □\$43.75 Filing Fee & **□\$43.75** Filing Fee & Certificate of Status Certified Copy Certificate of Status Certified Copy (Additional copy is enclosed) (Additional Copy is enclosed) Street Address **Mailing Address** Amendment Section Amendment Section Division of Corporations Division of Corporations Clifton Building P.O. Box 6327

Tallahassee, FL 32314

2661 Executive Center Circle

Tallahassee, FL 32301



## Articles of Amendment to Articles of Incorporation of

WNH DISTRIBUTION,INC.			
(Name of Corporation as currently filed with the F	Florida Dept. of State)		
P09000082039	·		
(Document Number of Corporation (i	if known)		
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s)		
A. If amending name, enter the new name of the corporation:			
	The new		
name must be distinguishable and contain the word "corporatio "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or ' word "chartered," "professional association," or the abbreviation	'Co". A professional corporation name must contain the		
B. Enter new principal office address, if applicable:	250 International Parkway		
(Principal office address <u>MUST BE A STREET ADDRESS</u> )	Suite230 Heathraw FL 32746		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	250 International Parkway		
	Suite230 Heathraw FL 32746		
D. If amending the registered agent and/or registered office addinew registered agent and/or the new registered office address	ress in Florida, enter the name of the s:		
Name of New Registered Agent			
(Florida str	reet address)		
New Registered Office Address:	, Florida		
(City)	(Zip Code)		
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familiar			

Signature of New Registered 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:	re. unu buny sy	min, 3r us un Aua.	
X Change	<u>PT</u> <u>Joh</u>	<u>nn Doe</u>	
X Remove	<u>V</u> <u>Mi</u>	ke Jones	
<u>X</u> Add	<u>SV</u> <u>Sal</u>	lly Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	D	Wansub Oh	250 International Parkway Suite 230
X Add			Heathraw FL 32746
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
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(Attach additional sheets, if necessor)					
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If an amendment provides for an provisions for implementing the	<u>amendme</u> nt	eclassification if not contain	, or cancellatio ed in the amen	n of issued sha dment itself:	res,
If an amendment provides for an provisions for implementing the (if not applicable, indicate No	<u>amendme</u> nt	eclassification if not contain	or cancellatio	n of issued sha dment itself:	res,
provisions for implementing the (if not applicable, indicate N	<u>amendme</u> nt	eclassification if not contain	or cancellatio	n of issued sha dment itself:	res,
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The date of each amendment(s) adoption:	, if other than the
Effective date if applicable:	
(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)	
(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 ÖCE, 02, 20/3	
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)	_
(Typed or printed name of person signing)	
(Typed or printed name of person signing)	
President	
(Title of person signing)	