

P11000094817

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850) 617-6380

From:

Account Name : BOYER LAW FIRM, P.L.
Account Number : I20100000071
Phone : (904) 236-5317
Fax Number : (904) 371-3935

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Email Address:

Office@BoyerLawFirm.com

**COR AMND/RESTATE/CORRECT OR O/D RESIGN
DISTRIBGATES, INC.**

Certificate of Status	0
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ASR
6/9/14



June 6, 2014

FLORIDA DEPARTMENT OF STATE
Division of Corporations

DISTRIBGATES, INC.
499 N STATE ROAD 434 STE 2063
ALTAMONTE SPRINGS, FL 32714

SUBJECT: DISTRIBGATES, INC.
REF: P11000094817

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Please re-submit the amendment with a new electronic cover sheet. This cover sheet has been abandoned by our office. This amendment had never been filed so I will backdate the amendment to 12-20-13 when I record it.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Annette Ramsey
Regulatory Specialist II

FAX Aud. #: H13000279906
Letter Number: 714A00012225

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14 JUN -6 PM 12:06
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JUN 11 2014

P.O BOX 6327 - Tallahassee, Florida 32314

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: DISTRIBGATES, INC.

DOCUMENT NUMBER: P11000094817

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

FRANCIS M. BOYER

Name of Contact Person

BOYER LAW FIRM, P.L.

Firm/ Company

9471 Baymeadows Road, Suite 404

Address

Jacksonville, FL 32256

City/ State and Zip Code

office@boyerlawfirm.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

FRANCIS M. BOYER

Name of Contact Person

at (904) 236-5317

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

☒ \$35 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)

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

2013 DEC 20 AM 9:51

DISTRIBGATES, INC.

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

P11000094817

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607,1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

B. Enter new principal office address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE 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 registered office address:

Name of New Registered Agent

(Florida street address)

New Registered Office Address:

(City)

Florida

(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

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:

☒ Change PT John Doe

☒ Remove V Mike Jones

☒ Add SV Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	D	ISABELLE SAINT-VAL	Impasse Saint-Val, Morin 97120 Saint-Claude Guadeloupe, FWI
2) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	D	REMI BURNER	Avenue Sainte-Rose de Lima, 97115 Sainte-Rose Guadeloupe, FWI
3) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	D	LINA DELEM	21, rue Cacoville, Fonds Cacao, 97130 Capesterre Belle EauGuadeloupe, FWI
4) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove			
5) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove			
6) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove			

E. If amending or adding additional Articles, enter change(s) here:
(Attach additional sheets, if necessary). (Be specific)

F. If 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)

The date of each amendment(s) adoption: _____, 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 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 10-31-13

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)

TONY JULAN

(Typed or printed name of person signing)

DIRECTOR

(Title of person signing)

CORPORATE RESOLUTION
OF
DISTRIBGATES, INC.,
a Corporation organized under the laws of the State of Florida

The Undersigned, hereby make, acknowledge, and file the following Corporate Resolution;

RESOLVED, that ISABELLE SAINT-VAL, REMI BURNER, and LINA DELEM will be removed as Directors of the Corporation.

RESOLVED FURTHER, that 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 Undersigned further certify that this Corporation is duly organized and existing, and has the power to take the action called for by the foregoing resolution.

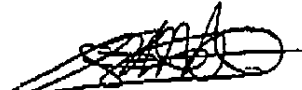
IN WITNESS WHEREOF, the undersigned Director (s) has hereunto, by setting his hand and seal, executed this Corporate Resolution on this ____ day of October, 2013.

THE CORPORATION, DISTRIBGATES, INC.

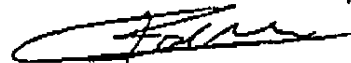


By its Director, TONY JULAN

602, Residence les Fleurs d'Alpinias
Route de Choisy, Saint-Claude
Guadeloupe, France 97120



ISABELLE SAINT-VAL



REMI BURNER



LINA DELEM