P11000 105374

(Requ	estor's Name)	
(Addre	ess)	
(Addre	ess)	
(City/S	State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Busin	ness Entity Nan	ne)
(Docu	iment Number)	
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R. WHITE FEB 26 2023 7020 J. 31 F.H 1: 48

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: IN DISTRIBUTIC	N MEDIA, INC.		
DOCUMENT NUM	BER: P11000105374			
The enclosed Articles	of Amendment and fee are su	bmitted for filing.		
Please return all corre	spondence concerning this ma	atter to the following:		
	SHERRY GOULD			
		Name of Contact Person	1	
	IN DISTRIBUTION MEDIA, INC			
		Firm/ Company		
	433 PLAZA REAL, STE. 33	9		
	·	Address	· · · · · · · · · · · · · · · · · · ·	
	BOCA RATON, FL 33432			
		City/ State and Zip Cod	e	
	sgould@nutricompany.com			
	E-mail address: (to be us	sed for future annual report	notification)	
For further information	on concerning this matter, plea	se call:	5733378	
Name of Contact Person			de & Daytime Telephone Number	
Enclosed is a check fo	or the following amount made			
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)	
Mailing Address			Address	
Amendment Section		Amendment Section		
Division of Corporations		Division of Corporations The Centre of Tallahassee		
P.O. Box 6327 Tallahassee, Fl. 32314		2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

IN DISTRIBUTION MEDIA, INC.

(Name of Corporati	on as currently filed with the Florida Dept. of State) 1: 40
P11000105374	
(Docur	nent Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Floridatis Articles of Incorporation:	a Statutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the co	orporation:
	The new orporation," "company," or "incorporated" or the abbreviation "Corp.," or "Co". A professional corporation name must contain the word eviation "P.A."
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET ADD	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u>)X</u>)
new registered agent and/or the new registered	red office address in Florida, enter the name of the office address:
Name of New Registered Agent	
	(Florida street address)
New Registered Office Address:	(City) (City) (Zip Code)
New Registered Agent's Signature, if changing Reg I hereby accept the appointment as registered agent.	<u>vistered Agent:</u> I am familiar with and accept the obligations of the position.
Sign	ature of New Registered Agent, if changing
· · ·	A contract of the Assemble

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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)

Example:

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> <u>Je</u>	ohn Doe	
X Remove	<u>V</u> <u>N</u>	<u> 1ike Jones</u>	
X Add	<u>sv</u> <u>s</u>	ally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	P	MITCH GOULD	433 PLAZA REAL, STE. 339
^ Add			BOCA RATON, FL 33432
Remove			
2) Change	<u>S</u>	SHERRY GOULD	433 PLAZA REAL, STE. 339
X Add			BOCA RATON, FL 33432
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Attach <i>addi</i>	or adding additional Art tional sheets, if necessary).	(Be specific)			
	 ,				
		**			·
·					
_		·	·		
				·	
f an ameno	lment provides for an excl	nange, reclassificatio	n, or cancellation of	issued shares,	
(if not	for implementing the ame applicable, indicate N/A)	endment if not contai	ned in the amendme	nt itseif:	
1,					
	<u>.</u>				
				/	
	-	·			

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	doption:	, if other than the
	UARY 29, 2020	
Effective date if applicable:	(no more than 90 days after amendment fi	le date)
Note: If the date inserted in this bedocument's effective date on the De	lock does not meet the applicable statutory filing requirepartment of State's records.	irements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were add action was not required.	opted by the incorporators, or board of directors without	shareholder action and shareholder
☐ The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes cast for afficient for approval.	the amendment(s)
	proved by the shareholders through voting groups. The feach voting group entitled to vote separately on the amount	
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
Dated		
Signature	Mittel Louis	
selecte	irector, president or other officer – if directors or officer. d. by an incorporator – if in the hands of a receiver, trust ted fiduciary by that fiduciary)	
	mited Gould	
	(Typed or printed name of person signing)	
	72ESIDEUT	
	(Title of person signing)	