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COVER LETTER

TO: Amendment Section Division of Corporations

A	Dames	a Distalandos	1.10	
NAME OF CORPORA	•	e Distributors		
DOCUMENT NUMBE	R: P120	<u>0000 966</u>	<u>a</u>	
The enclosed Articles of	Amendment and fee are su	bmitted for filing.		
Please return all correspondent	ondence concerning this man	tter to the following:		
	Michae	J Bryan Name of Contact Person		
	Michael	Name of Contact Person		
_		Firm/ Company		
	Po Box	L 56426		
		Address	27741	
_	Jacks	City/ State and Zip Code	32241	
	•	•		
	mike. a	RUSA Q yah	ON COM	
	E-mail address: (to be us	ed for future annual report i	iourication)	
For further information of	concerning this matter, pleas	e call:	registration and	
•	, , ,	•		
mich	rael Bryan	at (964 · Area Cod	<u>, 651-6500</u>	
Name of	Contact Person	Area Cod	le & Daytime Telephone Number	
Enclosed is a check for t	he following amount made p	payable to the Florida Depar	tment 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 Street Address				
	dment Section on of Corporations		nent Section of Corporations	
P.O. B	ox 6327	Clifton	Building	
	assee, FL 32314		secutive Center Circle	
		y i i aitalia.	,	

Articles of Amendment to Articles of Incorporation of



. Articles of Incom	poration A -4
of	poration AM 9: 29
Herospace Distributores	
(Name of Corporation as currently filed with the Flo	,
P12000009666	<u> </u>
(Document Number of Corporation (if k	nown)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Fl</i> its Articles of Incorporation:	orida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
Demand Priver Distribution name must be distinguishable and contain the word "corporation, "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc," or "Coword "chartered," "professional association," or the abbreviation "P.	o". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	SAINT JOHNS, FL
	po Box 56426 Jacksonville FC
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	0n Box 56426
(manuficus manuficus manuf	Tacksonisho
	Jacksonville TC
	32241
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address: Name of New Registered Agent	s in Florida, enter the na me of the
rume of their registered rigers	
(Florida street	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 wit	h and accept the obligations of the position
Thereby accept the appointment as registered agent. I am jumittar wit	n unu 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 <math>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: 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)	<u>Title</u>	<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			

. (If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)
_	•
_	•
_	
	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) ad	toption: 4/5/12
Effective date <u>if applicable</u> :	4/5/12
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
☐ The amendment(s) was/were ado by the shareholders was/were suf	pted by the shareholders. The number of votes cast for the amendment(s) flicient for approval.
	roved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):
"The number of votes cast i	for the amendment(s) was/were sufficient for approval
by	(voting group)
•	(voting group)
The amendment(s) was/were ado action was not required.	pted by the incorporators without shareholder action and shareholder
Dated	2/12
Signature	
	irector, president or other officer – if directors or officers have not been I, by an incorporator – if in the hands of a receiver, trustee, or other court
	ed fiduciary by that fiduciary)
	MICHAEL BRYAN
•	MICHAEL BRYON (Typed or printed name of person signing)
	Paesisent
•	(Title of person signing)