

FROM : PRO ACCOUNTING  
Division of Corporations

FAX NO. 9546670674

Apr. 19 2012 05:58 PM PL

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P12000028045

Florida Department of State  
Division of Corporations  
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To:

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

From:

Account Name : PRO ACCOUNTING AND FINANCIAL SOLUTIONS, INC.  
Account Number : 120080000107  
Phone : (954) 667-0673  
Fax Number : (954) 667-0674

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_\_

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TALLAHASSEE, FLORIDA

COR AMND/RESTATE/CORRECT OR O/D RESIGN  
STERLING SUPPLIES, INC.

Certificate of Status	0
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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4/19/2012

Florida Department of State  
Division of Corporations

The attached was initially filed by facsimile on March 21, 2011

Please see the confirmation of transmission on the next page.

Please contact Mark S. Feluren, Esq. if it was not received or if it is still in process.

Thank you

Mark S. Feluren, Esq.

Genovese Joblove & Battlata, P.A.

200 East Broward Boulevard, Suite 1110

Fort Lauderdale, FL 33301

(954) 453-8000 Office

(954) 453-8014 Direct

(954) 331-2908 Facsimile

Articles of Amendment  
to  
Articles of Incorporation  
of

FILED

12 APR 19 AM 9:58

STERLING SUPPLIES INC

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

P12000028045

(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

FABIAN COLLAZOS

2322 NW 158TH LANE

(Florida street address)

New Registered Office Address:

PEMBROKE PINES

(City)

Florida 33028

(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

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The date of each amendment(s) adoption: APRIL 19, 2012Effective date if applicable: APRIL 19, 2012

(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 APRIL 19, 2012

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)

FABIAN COLLAZOS

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)