## P12000038309

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CO	ORPORATION: LIGHT DISTRIBUTION SERVICES, INC. P12000038309
	Articles of Amendment and fee are submitted for filing.
	all correspondence concerning this matter to the following:
rease retain a	
	ALLISON CARTWRIGHT
	Name of Contact Person
	LIGHT DISTRIBUTION SERVICES, INC.
	Firm/ Company
	365 NE BAKER ROAD
	Address
	STUART, FL 34994
	City/ State and Zip Code
	ALLISON@LIGHTDISTSERV.COM
	E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ALLISON CARTWRIGHT Area Code & Daytime Telephone Number Name of Contact Person

Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee **□\$43.75** Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (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** Articles of Incorporation

## LIGHT DISTRIBUTION SERVICES, INC.

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(Name of Corporation as currently file	<u>led with the Flor</u>	rida Dept. of State)	er, cr.
P12000038309			3 S7 /
(Document Number of	Corporation (if k	nown)	
Pursuant to the provisions of section 607.1006, Florida its Articles of Incorporation:	Statutes, this <i>Fl</i>	orida Profit Corporation adopts the follo	wing amendmen
A. If amending name, enter the new name of the co	rporation:		
N/A			The new
name must be distinguishable and contain the word "Corp.," "Inc" or Co.," or the designation "Corp, word "chartered," "professional association," or the designation or the designation of the designatio	" "Inc," or "Co	". A professional corporation name m	ne abbreviation
B. Enter new principal office address, if applicable	•	ALLISON CARTWRIGHT	
(Principal office address <u>MUST BE A STREET ADD</u>		365 NE BAKER RD	
		STUART, FL 34994	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO.	<u>X</u> )	N/A	
			<u> </u>
D. If amending the registered agent and/or register new registered agent and/or the new registered of the new		s in Florida, enter the name of the	
Name of New Registered Agent ALLISO	N CARTWI	RIGHT	
	E BAKEI	R RD	
	(Florida street		
New Registered Office Address: STUA	RT	, Florida 34994	
	(City)	(Zip Code)	)
New Registered Agent's Signature, if changing Registeredy accept the appointment as registered agent.  Signature of Ne	istered Agent: I am familiar wit w Hegistered Age		ion.

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.

X_Change	<u>PT</u> <u>J</u>	ohn Doe	
X Remove	<u>v</u> <u>n</u>	Mike Jones	
X Add	<u>sv</u> <u>s</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	<u>P</u>	THOMAS CARTWRIGHT	365 NE BAKER RD
Add			STUART, FL 34994
X Remove			
2) X Change	PS	ALLISON CARTWRIGHT	365 NE BAKER RD
Add			STUART, FL 34994
Remove			
3) Change	<del></del>		·
Add			
Remove			
4) Change	<del></del>		ATT-MY-Y-MY-Y-MY-MY-MY-MY-MY-MY-MY-MY-MY-MY
Add			
Remove			
5) Change	***************************************		
Add			
Remove			
6) Change			
Add	+		
Remove			

E. If amending or adding additional Articles, enter change(s) here:				
(Attach additional sheets, if necessary).	(Be specific)			
N/A				
19//				
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<u> </u>				
T Ye				
r. II an amendment provides for an exch	ange, reclassification, or cancellation of issued shares,			
Grand and Markle in Bank M/4	ndment if not contained in the amendment itself:			
(if not applicable, indicate N/A)				
N/A				

The date of each amendment(s) adoption: APRIL 23, 2012 APRIL 23, 2012 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 (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 23, 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) ALLISON CARTWRIGHT (Typed or printed name of person signing) PRESIDENT (Title of person signing)