P12000045851

(Re	questor's Name)	
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SECRE LANGE CORPORATIONS
SECRET LANGE CORPOR

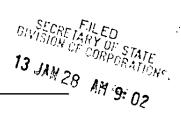
Amend Name (10 1.31.13

COVER LETTER

TO: Amendment Section Division of Corporations

COLE DISTRIBL	JTION OF	AMERICA CORP.			
0045851		, , , , , , , , , , , , , , , , , , ,			
	îli n g.				
rning this matter to the fo	llowing:				
ROBERTO SAEKI					
Name of	Contact Person				
Firm	/ Company				
		E 1500			
	Address				
*	e and Zip Code				
AEKI@YAHOO	.COM				
		notification)			
matter, please call:					
a	, 305	, 903-7061			
1		le & Daytime Telephone Number			
nount made payable to th	e Florida Depai	rtment of State:			
e of Status Certified (Additio	d Copy nal copy is	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)			
ons	Divisior Clifton I 2661 Ex	Address ment Section n of Corporations Building secutive Center Circle			
	O045851 Indifector of submitted for the forming this matter to the formatter of State Certification (Addition enclosed) O045851 Name of Firm ADELAND BLY ACKI@YAHOO City/ State Certification (Addition enclosed) Ons Ons	ADELAND BLVD. SUIT Address - 33156 City/ State and Zip Code AEKI@YAHOO.COM ess: (to be used for future annual report in a code matter, please call: at (305 Area Code Area Code Area Code According Fee & Certified Copy (Additional copy is enclosed) Street A Amenda Division Clifton in 2661 Ex			

Articles of Amendment Articles of Incorporation



SINCOLE DISTRIBUTION OF AMERICA CORP.

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

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(Document Number of Corporation (if known)

ent(s) to

A. If amending name, enter the new na RHSB OF AMERICA CO		
name must be distinguishable and con	tain the word "corpordation "Corp," "Inc," o	The new ntion," "company," or "incorporated" or the abbreviation or "Co". A professional corporation name must contain the on "P.A."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		9100 S. DADELAND BLVD.
		SUITE 1500
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		MIami, F1 33156
		9100 S. DADELAND BLVD.
		SUITE 1500
		WICIMI, El 33156
D. If amending the registered agent an new registered agent and/or the new		ddress in Florida, enter the name of the
Name of New Registered Agent	ROBERTO SA	
<u> </u>	9100 S. DADELA	AND BLVD. SUITE 1500
•	(Florida	street address)
New Registered Office Address:	MIAMI	, Florida 33156
	(C	ity) (Zip Code)
New Registered Agent's Signature, if c I hereby accept the appointment as regist		ent: ar with and accept the obligations of the position.
Sign	gnature of New Register	ed 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.

X Change	<u>PT</u>	John Do	<u>oe</u>	
X Remove	<u>v</u>	Mike Jo	nes	
X Add	<u>sv</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	Title		Name.	Address
l) Change		_		
Add				
Remove				
2) Change				
Add				
Remove				
3) Change		_		
Add				
Remove				
4) Change				
Add		-		
Remove				
				
5) Change	 	_		
Add				
Remove				
6) Change				
Add		_		
Remove				

(Attac	mending or adding additional Articles, enter cl ach additional sheets, if necessary). (Be specific	c)
	•	
•••		
· · · · · · · · · · · · · · · · · · ·		
prov	n amendment provides for an exchange, reclassions for implementing the amendment if no (if not applicable, indicate N/A)	sification, or cancellation of issued shares, ot contained in the amendment itself:
	•	

The date of each amendment(s)	adoption: 01/24/2013
Effective date if applicable:	
· — — — —	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
☐ The amendment(s) was/were as by the shareholders was/were	topted by the shareholders. The number of votes cast for the amendment(s) ufficient for approval.
	proved by the shareholders through voting groups. The following statement reach voting group entitled to vote separately on the amendment(s):
"The number of votes case	t for the amendment(s) was/were sufficient for approval
by	(voting group)
☐ The amendment(s) was/were action was not required.	opted by the board of directors without shareholder action and shareholder opted by the incorporators without shareholder action and shareholder
action was not required.	opted by the medipoliticis without billion ded to determine stationary
_{Dated} 01/24	/2013
Signature	elut ///
select	director, president or other officer – if directors or officers have not been ed, by an incorporator – if in the hands of a receiver, trustee, or other court inted fiduciary by that fiduciary)
	ROBERTO SAEKI
	(Typed or printed name of person signing)
	DIRECTOR/INCORPORATOR
	(Title of person signing)