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SECRETARY OF STATE
ALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section Division of Corporations

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NAME OF CORDOR	ATION: RESALES	PALLET SERCE	SINC
DOCUMENT NUMB	ER: P1200005772	.0	
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this ma	tter to the following:	
	HUMBERTO LAN	NTIGUA	
-		Name of Contact Person	
-		Firm/ Company	
	271 WREN AVE		
Address			,
	MIAMI SPRINGS	FL 33166	
-		City/ State and Zip Code)
۸۵۱		AU 00M	
ARI	ELGU61@HOTM	AIL.COIVI sed for future annual report:	
	E-mail address: (to be us	sed for future annual report	notification)
For further information	concerning this matter, pleas	se call:	
HUMBERTO	LANTIGUA	_{at (} 305	546-1642
Name of Contact Person		Area Coo	de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	rtment 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 Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Amend Division Clifton 2661 E	Address ment Section n of Corporations Building xecutive Center Circle ssee, FL 32301

Articles of Amendment Articles of Incorporation of

RESALES PALLET SERCS INC

(Name of Corporation as currently filed with the F	lorida Dept. of State)	
P12000057720		_
(Document Number of Corporation (i	f known)	_
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following	ng amendment(s) to
A. If amending name, enter the new name of the corporation: HUMBERTO PALLETS AND INSULATIO	N CORP	Th
name must be distinguishable and contain the word "corporation" "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "word "chartered," "professional association," or the abbreviation	Co". A professional corporation name must	
B. Enter new principal office address, if applicable:	721 WREN AVE	
(Principal office address MUST BE A STREET ADDRESS)	MIAMI SPRING FL 33166	- <u>}</u>
		_
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	SAME AS ABOVE	_
		-
D. If amending the registered agent and/or registered office addinew registered agent and/or the new registered office address		
Name of New Registered Agent N/A		
(Florida str.	eet address)	
New Registered Office Address: (City)	, Florida(Zip Code)	-
New Registered Agent's Signature, if changing Registered Agent		12 S
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am filmiliar v Signature of New Registered Agent.	with and accept the obligations of the position of the positio	FILE OF S
	LORIDA	#6:1 D

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.

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>	Name	<u>Addres</u> s
1) Change			
Add			to
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
			
4) Change		_	
Add			
Remove			
5) Change .			
		<u>.</u>	
Add			
Remove			
6) Change			
Add			
Remove			

E. <u>If a</u>	mending or adding additional Article	s, enter change(s) here:
(Att	tach additional sheets, if necessary). (1	Be specific)
N/A		
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'. <u>If a</u>	an amendment provides for an exchan	ge, reclassification, or cancellation of issued shares,
pr	rovisions for implementing the amendi	ment if not contained in the amendment itself:
	(if not applicable, indicate N/A)	
N/A		
-		

The date of each amendment(s) adoption: 08/24/2012 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 ☐ 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 08/24/2012 (By a director, president or other officer - if directors or of selected, by an incorporator - if in the hands of a receiver trustee, or other court appointed fiduciary by that fiduciary) **HUMBERTO M LANTIGUA** (Typed or printed name of person signing) PRESIDENT (Title of person signing)