P130000057320

| (Requestor's Name) | <u> </u> |
|---|--------------|
| (Address) | |
| (Address) | |
| (City/State/Zip/Phon | ne #) |
| PICK-UP WAIT | MAIL |
| (Business Entity Na | me) |
| (Document Number |) |
| Certified Copies Certificate | es of Status |
| Special Instructions to Filing Officer: | |
| | |
| | |
| | |





600256034286

02/13/14--01005--005 **35.00

14 FES 25 FH 12: 1,6

SECRETARY OF STATE VINEAN OF CONFORMAL

Amend 102/24/14

COVER LETTER

Division of Corporations DISTRIBUTING NAME OF CORPORATION: 13 0000 57320 **DOCUMENT NUMBER:** The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Name of Contact Person

William J. TSROWN P. A

Firm/Company 777 Brickell Ave Suite 1114

Address WTBROWN @ WTBLAW. Net
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: 1MM J. BROWN at (305) 5-36-3438 Enclosed is a check for the following amount made payable to the Florida Department of State:

□\$43.75 Filing Fee &

(Additional copy is

Certified Copy

enclosed)

Mailing Address

\$35 Filing Fee

TO: Amendment Section

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

□\$43.75 Filing Fee &

Certificate of Status

Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

□\$52.50 Filing Fee

Certified Copy

(Additional Copy is enclosed)

Certificate of Status



FLORIDA DEPARTMENT OF STATE Division of Corporations

February 14, 2014

WILLIAM J. BROWN WILLIAM J. BROWN P.A. 777 BRICKELL AVE - STE. 1114 MIAMI, FL 33131

SUBJECT: ARKAY DISTRIBUTING, INC.

Ref. Number: P13000057320

We have received your document for ARKAY DISTRIBUTING, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton Regulatory Specialist II

Letter Number: 114A00003441

(VORRECTE)

Articles of Amendment

to

Articles of Incorporation of

| HR KAY DISTRIBUTING INC | _ |
|---|-------------------|
| (Name of Corporation as currently filed with the Florida Dept. of State) | |
| 130000 57320 | |
| (Document Number of Corporation (if known) | |
| Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following its Articles of Incorporation: | g amendment(s) to |
| A. If amending name, enter the new name of the corporation: | |
| NA | The new |
| name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the a "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must 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) | bbreviation |
| 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 | 14 FEB 25 TH |
| new registered agent and/or the new registered office address: | LH 15: Pe |
| Name of New Registered Agent N A | |
| (Florida street address) New Registered Office Address: | |
| (City) (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. WH Signature of New Registered Agent, if changing | |

| address of each Officer a (Attach additional sheets, Please note the officer/dir P = President; V = Vice of Executive Officer; CFO = held. President, Treasure, Changes should be noted a change, Mike Jones lea Mike Jones, V as Remove, | and/or D if necess rector titl President = Chief I r, Directo in the for | Nirector be gary) The by the fir The Treat Tinancial (The would be The t | eing added: rst letter of the off surer; S= Secrete Officer. If an off. e PTD. anner. Currently 1, Sally Smith is n | • fice title: ary; D= Director; TR= T icer/director holds more John Doe is listed as the | Trustee; C = Chairman or Clerk; CEO = Chief than one title, list the first letter of each office PST and Mike Jones is listed as the V. There is should be noted as John Doe, PT as a Change, |
|---|--|--|---|--|--|
| Example: X Change | <u>PT</u> | John Doe | 2 | | |
| X Remove | <u>V</u> | Mike Jon | <u>nes</u> | | |
| X Add | <u>sv</u> | Sally Sm | <u>ith</u> | | |
| Type of Action (Check One) | <u>Title</u> | | <u>Name</u> | | <u>Addres</u> s |
| 1) Change | <u> </u> | 2 1 | DOS SAN | tos PEREIRA | JAIR |
| Add | | | | | 401 EAST LAS GlAS Blud |
| Remove | | | | | 401 EAST LAS OLAS BLUD Ft. LANDENDALE EL 3330 |
| 2) Change | VP | <u> </u> | MAtt | SERRALH | |
| Add | | | | | HOI JEAST LAS OLAS BIVD Et LANDERDALE FI 3334 |
| Remove | | | | | FE CALDERDATE FT 3334 |
| 3) Change | | . | | | |
| Add | | | | | |
| Remove | | | | | |
| 4) Change | | . | | | |
| Add | | | | | |
| Remove | | | | | |
| 5) Change | | | | | |
| Add | | | | | |
| Remove | | | | | |
| 6) Change | | | | | ···· |
| Add | | | | | |

Remove

| (Attach add | ditional sheet | s, if necessary, |). (Be speci | fic) | | | | |
|--|----------------------|---|---------------|--|--|---------------------------------|--------------|-----|
| | <u> </u> | | | | | <u> </u> | | |
| | | | | | —————————————————————————————————————— | | | |
| | | <u>-</u> | <u> </u> | | | | - | |
| | | | | | <u></u> | | | _ |
| | | | | 1 2 - | | | | ··· |
| | | | <u>.</u> | | | | | |
| | | | <u></u> | | | | | |
| <u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u> | | | | <u> </u> | | _ | | |
| | | | | | <u> </u> | <u> </u> | | |
| | | | · - | | | | | |
| | | | · · · · · · | | | | | |
| | | | | <u>.</u> | | | - <u></u> | |
| | | | | ······································ | | | | |
| | | | | | | | | |
| | | | | | | | | |
| <u>provision</u> (<i>if no</i> | <u>ıs for implen</u> | ides for an ex nenting the an indicate N/A) | change, recla | ssification, o | or cancellatio I in the amen | n of issued sh dment itself: | ares, | |
| | | | | <u></u> | | | | |
| | ·- <u>-</u> | | | | <u>-</u> | | | |
| | | · | | | | | ··· | _ |
| | | | | - | | | · | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | - | | | | - |

| The date of each amendment(s) adopted this document was signed. | ption: | , if other than the |
|---|--|---------------------|
| Effective date if applicable: | NA | |
| | (no more than 90 days after amendment file date) | |
| Adoption of Amendment(s) | (CHECK ONE) | |
| The amendment(s) was/were adopt by the shareholders was/were suffi | ed by the shareholders. The number of votes cast for the amendment(s) cient for approval. | |
| | ved by the shareholders through voting groups. The following statement ach 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 | 19 | |
| | (voting group) | |
| The amendment(s) was/were adopt action was not required. | ed by the board of directors without shareholder action and shareholder | |
| The amendment(s) was/were adopt action was not required. | ed by the incorporators without shareholder action and shareholder | |
| Dated JA | ecany 24, zout | |
| Signature | | _ |
| (By a dire | ctor, president or other officer - if directors or officers have not been by an incorporator - if in the hands of a receiver, trustee, or other court | |
| | fiduciary by that fiduciary) | |
| | REYNAID GRATTAGLI (Typed or printed name of person signing) | ANO |
| | President | |
| | (Title of person signing) | |