P14000036284

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(Add	dress)	
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(Cit	y/State/Zip/Phon	e #)
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SECRETARY OF STATE TALLEHASSEE FLORIDA

JUL 21 2015 T CANNON

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: CBS Sales	Inc
DOCUMENT NUMBER:	
The enclosed Articles of Amendment and fee are sub	omitted for filing.
Please return all correspondence concerning this mat	ter to the following:
Daniel Denault	
	Name of Contact Person
CBS Sales Inc	
	Firm/ Company
1604 Page Avenu	ıe
-	Address
Orlando, Fl 32806	3
	City/ State and Zip Code
ahscf.dan@gmail.cor	n
——————————————————————————————————————	ed for future annual report notification)
For further information concerning this matter, please	e call:
Daniel Denault	at (407) 800-1224
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made p	payable to the Florida Department of State:
■ \$35 Filing Fee	□\$43.75 Filing Fee & □\$52.50 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	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

CBS Sales Incorporated	v.		
(Name of Corporation as	currently filed with the Fl	orida Dept. of State)	
P14000036284			
(Documen	t Number of Corporation (if	known)	
Pursuant to the provisions of section 607.1 its Articles of Incorporation:	1006, Florida Statutes, this I	Florida Profit Corporation add	opts the following amendment(s) to
A. If amending name, enter the new na	me of the corporation:		
N/A			The new
name must be distinguishable and cont "Corp.," "Inc.," or Co.," or the designa- word "chartered," "professional associat	ation "Corp," "Inc," or "(Co". A professional corporat. P.A."	
B. Enter new principal office address, i (Principal office address MUST BE A ST		N/A	
C. Enter new mailing address, if applie (Mailing address MAY BE A POST C	cable: DEFICE BOX:	N/A	
			SECRETALLA.HALL
D. If amending the registered agent and new registered agent and/or the new			PETARY OF STATE ALLASSEE TLORID
Name of New Registered Agent	N/A		STATE LORIDA :42
	(Florida stre	ret address)	
New Registered Office Address:	N/A	. Florida	
	(City)		(Zip Code)
New Registered Agent's Signature, if ch I hereby accept the appointment as registe		ith and accept the obligations	of the position.

Signature of New Registered 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 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	PT	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	VP 2	Jeffrey Montalto	1604 Page Avenue
Add			Orlando, Fl
Remove			32806
2) Change			
Add			
Remove			
3) Change			——————————————————————————————————————
Add			
Remove			STATE LORIDA 11: 42
4) Change			A
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

(Attach additional sheets, if necessary). (Be specific)		
N/A		
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F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares,		
provisions for implementing the amendment if not contained in the amendment itself:		
(if not applicable, indicate N/A)		
N/A		-
		_
		-
		_
		_
		_
		-

The date of each amendment(s) adop	tion:	, if other than the
date this document was signed.		
Effective date if applicable:		-
	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopte by the shareholders was/were suffic	d by the shareholders. The number of votes cast for the amendment(s) ient for approval.	
	red by the shareholders through voting groups. The following statement is the 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 adopte action was not required.	d by the board of directors without shareholder action and shareholder	
The amendment(s) was/were adopte action was not required.	d by the incorporators without shareholder action and shareholder	SE
Dated 07/08/2015	5	
Dated	1	灵王力
Signature		HASSEN AND AND AND AND AND AND AND AND AND AN
(By a direc	y an incorporator – if in the hands of a receiver, trustee, or other court fiduciary by that fiduciary)	- 三元c
selected, b	y an incorporator - if in the hands of a receiver, trustee, or other court	STA
appointed	fiduciary by that fiduciary)	DA TOA
Da	aniel Denault	
_	(Typed or printed name of person signing)	-
Pr	resident	
 -	(Title of person signing)	-

Dogo 4 of 4