## P150000a1043

| (R                                      | equestor's Name)    |           |  |  |
|---|---------------------|-----------|--|--|
| (A                                      | ddress)             |           |  |  |
| (A                                      | ddress)             |           |  |  |
| (C                                      | ity/State/Zip/Phone | e #)      |  |  |
| PICK-UP                                 | ☐ WAIT              | MAIL      |  |  |
| (В                                      | usiness Entity Nan  | ne)       |  |  |
| (Document Number)                       |                     |           |  |  |
| Certified Copies                        | Certificates        | of Status |  |  |
| Special Instructions to Filing Officer: |                     |           |  |  |
|   |                     |           |  |  |
|   |                     |           |  |  |
|   |                     |           |  |  |
|   |                     |           |  |  |

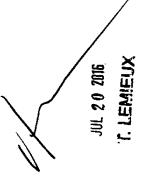




500287778815

07/13/16--01020--015 \*\*35.00





## **COVER LETTER**

TO: Amendment Section
Division of Corporations

| NAME OF CORPORA           | TION: SMART SERVICE  | DISTRIBUTION INC.  |   |
|---------------------------|--|--|---|
| DOCUMENT NUMBE            | P15000001042   | 10.00  |   |
| The enclosed Articles of  | Amendment and fee are sub  | mitted for filing.   |   |
| Please return all corresp | ondence concerning this matt   | er to the following:   |   |
| ` E                       | VY MOLINARES   |  |   |
| _                         |  | Name of Contact Person   |   |
| S                         | MART SERVICE DISTRIB   | UTION INC.   |   |
| _                         |  | Firm/ Company  |   |
| 1                         | 1363 SW 232 TERRACE  |  |   |
| _                         |  | Address  |   |
| ì                         | ⁄ПАМІ, FL 33032  |  |   |
| -                         |  | City/ State and Zip Code   |   |
| SMAR                      | TSERVICEDISTRIBUTION   | J@HOTMAIL COM  |   |
|                           |  | ed for future annual report  | notification  |
|                           | D man audiess. (to be us   | ed for future annual report  | ·   |
| For further information   | concerning this matter, pleas  | e call:  |   |
| EVY MOLINARES             |  | 786  | 315-7987  |
|                           | f Contact Person   | at (786  | de & Daytime Telephone Number   |
|                           | i Contact Person   | Area Co  | de & Daytime Telephone Number   |
| Enclosed is a check for   | the following amount made  | payable to the Florida Depa  | ertment 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)        |
| Amo<br>Divi<br>P.O        | ling Address endment Section sion of Corporations Box 6327 ahassee, FL 32314 | Ameno<br>Divisi<br>Cliftor<br>2661 1                               | Address diment Section on of Corporations n Building Executive Center Circle nassee, FL 32301 |

## Articles of Amendment to Articles of Incorporation of

SMART SERVICE DISTRIBUTION INC. (Name of Corporation as currently filed with the Florida Dept. of State) P15000021043 (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the 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) 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 new registered agent and/or the new registered office address: Name of New Registered Agent (Florida street address) New Registered Office Address: 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.

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             | <u>PT</u> | John Doe        |  |
|-------------------------------|-----------|-----------------|--|
| X Remove                      | <u>v</u>  | Mike Jones      |  |
| _X Add                        | <u>sv</u> | Sally Smith     |  |
| Type of Action<br>(Check One) | Title     | Name            | Address                                |
| 1) Change                     | VP        | DAN PASQUALUCCI | 11363 SW 232 TERRACE                   |
| X Add                         |           |                 | HOMESTEAD, FL 33032                    |
| Remove                        |           |                 |  |
| 2)Change                      |           |                 |  |
| Add                           |           |                 |  |
| Remove                        |           |                 |  |
| 3) Change                     |           |                 |  |
| Add                           |           |                 |  |
| Remove                        |           |                 |  |
| 4) Change                     |           |                 |  |
| Add                           |           | <del></del>     |  |
| Remove                        |           | •               |  |
| 5) Change                     |           |                 |  |
| Add                           |           | <del></del>     | ************************************** |
| Remove                        |           |                 |  |
|                               |           |                 |  |
| 6)Change                      |           |                 |  |
| Add                           |           |                 |  |
| Remove                        |           |                 |  |

| tach additional sheets, if necessary).  | cles, enter change(s) here:<br>(Be specific)                                |  |
|---|---|--|
|   |   |  |
|   |   |  |
| ·   |   |  |
|   |   |  |
|   |   |  |
|   |   |  |
|   |   | _ <del></del>                          |
|   | ·   |  |
|   |   |  |
|   |   |  |
|   |   |  |
|   |   |  |
|   |   |  |
|   |   |  |
|   |   |  |
|   |   |  |
|   | <del></del>   |  |
|   |   |  |
|   |   |  |
| If an amendment provides for an exprovisions for implementing the ar<br>(if not applicable, indicate N/A) | change, reclassification, or cancellatinendment if not contained in the ame | on of issued shares,<br>ndment itself: |
|   | ······································                                      |  |
|   |   |  |
|   |   |  |
|   |   |  |
|   |   |  |
|   |   |  |
|   |   |  |

| The date of each amendment(s) ad late this document was signed.          | 07/10/2016<br>option:   | , if other than the               |
|--|---|-----------------------------------|
|  | /2016   |                                   |
|  | (no more than 90 days after amendment file date)  | <u> </u>                          |
| Note: If the date inserted in this bedocument's effective date on the De | lock does not meet the applicable statutory filing requirements, the partment of State's records.                                     | nis date will not be listed as th |
| Adoption of Amendment(s)   | (CHECK ONE)   |                                   |
| ☐ The amendment(s) was/were ado by the shareholders was/were su          | pted by the shareholders. The number of votes cast for the amendatificient for approval.  | nent(s)                           |
| ☐ The amendment(s) was/were app<br>must be separately provided for       | proved by the shareholders through voting groups. The following standard voting group entitled to vote separately on the amendment(s) | atement<br>:                      |
| "The number of votes cast  | for the amendment(s) was/were sufficient for approval   |                                   |
| by   | 29  |                                   |
|  | (voting group)  |                                   |
| The amendment(s) was/were add action was not required.                   | opted by the board of directors without shareholder action and share  | eholder                           |
| The amendment(s) was/were add action was not required.                   | opted by the incorporators without shareholder action and sharehold   | ler                               |
| JULY 10, Dated   | Eu Heur   |                                   |
| (By a c  | lirector, 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 ated fiduciary by that fiduciary)                           | er court                          |
| ,  | EVY MOLINARES   |                                   |
|  | (Typed or printed name of person signing)   |                                   |
|  | PRESIDENT   |                                   |
|  | (Title of person signing)   |                                   |