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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	Statewide Distrib	ution Corp.	
DOCUMENT NUMB	P16000071538		
The enclosed Articles of	of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this ma	tter to the following:	
	Miriam Garcia		
		Name of Contact Person	1
		Firm/ Company	
	2430 Vanderbilt Beach Rd	. Suite 108	
		Address	
	Naples. FL 34109		
•		City/ State and Zip Cod	e e
statev	videdistributioncorp@gmai	l.com	
	E-mail address; (to be us	sed for future annual report	notification)
For further information Miriam Garcia	i concerning this matter, pleas		230-3565
	f.C. a. a.D	at (239)de & Daytime Telephone Number
	of Contact Person the following amount made		
S35 Filing Fee	☐843.75 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)
Ame Divi: P.O.	ling Address ndment Section sion of Corporations Box 6327 thassee, FL 32314	Amenc Divisio Clifton 2661 I:	Address Innent Section on of Corporations Building Executive Center Circle tssee, FL 32301

Articles of Amendment to Articles of Incorporation of

(<u>Name of Q</u>	Corporation as curre	ently filed with the Florida Dept	, of State)			
P16000071538						
	(Document Number	er of Corporation (if known)				
Pursuant to the provisions of section 607,100 its Articles of Incorporation:	06, Florida Statutes, t	his <i>Florida Profit Corporation</i> ad	lopts the following amendment(s) to			
A. If amending name, enter the new name	e of the corporation:					
			The new			
name must be distinguishable and contain "Corp.," "Inc.," or Co.," or the designati word "chartered," "professional associatio	on "Corp." "Inc." i	r "Co". A professional corpora				
B. Enter new principal office address, if:	ıənlicable:	2430 Vanderbilt Beach F	2430 Vanderbilt Beach Rd. Suite 108			
(Principal office address MUST BE A STR		Naples, FL				
		34109	<u> </u>			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		2430 Vanderbilt Beach F	Rd. Suite 108			
		Naples, FL	2			
		34109	6. 6.			
D. If amending the registered agent and/onew registered agent and/or the new r			ne of the			
Name of New Registered Agent Miriam Garcia		_				
	430 Vanderbilt Bea	ch Rd. Suite 108	, 			
	<i>(Floride</i>	: street address)				
N	aples		34109 . Florida			
New Registered Office Address:		(City)				

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:

 $P \neq President; V \neq Vice President; T \neq Treasurer; S \neq Secretary; D \neq Director; TR \neq Trustee; C \neq Chairman or Clerk; CEO \neq Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.$

Changes should be noted in the tollowing manner. Currently John Doc 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 Doc, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: \underline{X} Change	<u>PT</u>	John Doe	
X Remove	<u>\Cdot\tau\tau\tau\tau\tau\tau\tau\tau\tau\ta</u>	Mike Jones	
<u>X</u> Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
1+ Change	Р	Juan B. Duany Toro	8326 Valiant Dr.
Add			Naples. FL
X Remove			34104
2) Change	Р	Miriam Garcia	2430 Vanderbilt Beach Rd.
X Add			Suite 108-607 Naples, FL
Remove			34109
3) Change	S	H. Alejandro Garcia	2430 Vanderbilt Beach Rd.
X Add			Suite 108 Naples, FL
Remove			34109
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

If amending or adding additional Arti Attach additional sheets, if necessary)	(Be specific)			
				
		·· —— —— ——		
				
<u> </u>				
		· · · · · · · · · · · · · · · · · · ·		
	<u> </u>		·	
If an amendment provides for an excl	range, reclassifica	tion, or cancellati	on of issued shar	es.
provisions for implementing the ame (if not applicable, indicate NA)	<u>ndment if not con</u>	tained in the ame	ndment itself:	
			-	
				
				

The date of each amendmen	*(**/ **** ****** *************	, if other than the
date this document was signed		
Effective date if applicable:	4/30/2019	
	(no more than 90 days after amendment file date)	
	this block does not meet the applicable statutory filing requirements, this the Department of State's records.	date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
	ere adopted by the shareholders. The number of votes cast for the amendmentere sufficient for approval.	n(s)
	ere approved by the shareholders through voting groups. The following state ed for each voting group entitled to vote separately on the amendment(s):	ment
"The number of vote	s cast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
, <u> </u>	(voting group)	
The amendment(s) was/we action was not required.	ere adopted by the board of directors without shareholder action and shareholder	lder
■ The amendment(s) was/we action was not required.	ere adopted by the incorporators without shareholder action and shareholder	
4/30/		
Dated Signature		
(I s	By a director, president of other officer – if directors or officers have not be elected, by an incorporator – if in the hands of a receiver, trustee, or other expointed fiduciary by that fiduciary)	
	JUAN B DUANY TORO	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	