

P17000083816

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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APR 09 2018
S. YOUNG



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 20, 2018

DARWIN H BAQUERO
COLVEN UNITED DISTRIBUTORS ORLANDO INC
2532 S CONWAY ROAD APT 106
ORLANDO, FL 32812

SUBJECT: COLVEN UNITED DISTRIBUTORS ORLANDO INC
Ref. Number: P17000083816

RECEIVED
18 APR -9 PM 2:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for COLVEN UNITED DISTRIBUTORS ORLANDO INC and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

~~PAGES 3-4 MISSING, ALL PAGES MUST BE MAILED~~

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

If the corporation is a **PROFIT** corporation it must be signed by a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.

If the corporation is a **NOT FOR PROFIT** corporation it must be signed by the chairman or vice chairman of the board, president or other officer - if directors have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.

The capacity of the person signing the document must be typed or printed beneath or opposite the signature.

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.

Shelia H Young
Regulatory Specialist II

Letter Number: 118A00005546

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: COLVEN UNITED DISTRIBUTORS ORLANDO INC

DOCUMENT NUMBER: P17000083816

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

DARWIN H BAQUERO

Name of Contact Person

COLVEN UNITED DISTRIBUTORS ORLANDO INC

Firm/ Company

2532 S. Conway Rd Apt 106

Address

Orlando, FL-32812

City/ State and Zip Code

INFO@COLVENUD.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DARWIN H BAQUERO

at (917) 873-7303

Name of Contact Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department 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

Street Address

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

Articles of Amendment
to
Articles of Incorporation
of

COLVEN UNITED DISTRIBUTORS ORLANDO INC

(Name of Corporation as currently filed with the Florida Dept. of State)

P17000083816

(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:

The new 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)

1495 Seminola Blvd, Suite 1039

Casselberry, FL-32707

C. Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

2532 S. Conway Rd Apt 106

Orlando, FL-32812

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 DARWIN H BAQUERO

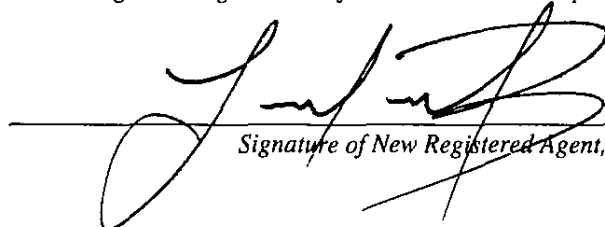
2532 S. Conway Rd Apt 106 ,Orlando, FL-32812

(Florida street address)

New Registered Office Address: 1495 Seminola Blvd, Suite 1039,Casselberry, Florida 32707
(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.


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:

| | | |
|-----------------|-----------|--------------------|
| <u>X</u> Change | <u>PT</u> | <u>John Doe</u> |
| <u>X</u> Remove | <u>V</u> | <u>Mike Jones</u> |
| <u>X</u> Add | <u>SV</u> | <u>Sally Smith</u> |

| <u>Type of Action</u> (Check One) | <u>Title</u> | <u>Name</u> | <u>Address</u> |
|--------------------------------------|--------------|-------------------------|----------------------------------|
| 1) <u>X</u> Change | <u>P</u> | <u>DARWIN H BAQUERO</u> | <u>2532 S. Conway Rd Apt 106</u> |
| <u> </u> Add | | | <u>Orlando, FL-32812</u> |
| <u> </u> Remove | | | |
| 2) <u> </u> Change | | | |
| <u> </u> Add | | | |
| <u> </u> Remove | | | |
| 3) <u> </u> Change | | | |
| <u> </u> Add | | | |
| <u> </u> Remove | | | |
| 4) <u> </u> Change | | | |
| <u> </u> Add | | | |
| <u> </u> Remove | | | |
| 5) <u> </u> Change | | | |
| <u> </u> Add | | | |
| <u> </u> Remove | | | |
| 6) <u> </u> Change | | | |
| <u> </u> Add | | | |
| <u> </u> Remove | | | |

[illegible][illegible]

The date of each amendment(s) adoption: _____, if other than the date this document was signed.

Effective date if applicable: _____
(no more than 90 days after amendment file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

by _____."
(voting group)

☐ 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 03/28/2018

Signature _____

(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

DARWIN H BAQUERO

(Typed or printed name of person signing)

President

(Title of person signing)