P95000051958

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(Ad	dress)	
(Ad	idress)	
(Cit	ty/State/Zip/Phone	e #)
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COVER LETTER

TO: Amendment Section

Division of Corporations

	RATION: Cold Zone BER: P9500005795		
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corre	espondence concerning this ma	tter to the following:	
	Gail Buttermore		
		Name of Contact Person	1
	Cold Zone Corpo		•
		Firm/ Company	
	P O Box 55459		
		Address	
	St. Petersburg, FL 33732-5459		
		City/ State and Zip Code	9
	<u>.</u>	•	-
sha	aron@jensentaxla		
	E-mail address: (to be us	sed for future annual report	notification)
For further information	on concerning this matter, pleas	se call:	
	,		
Gail Butterm	ore	at (727	_ 460-0719
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	or the following amount made	payable to the Florida Depa	artment 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)
Am Div P.C	iling Address endment Section ision of Corporations b. Box 6327 lahassee, FL 32314	Amend Divisio Clifton	Address Iment Section on of Corporations Building Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of



Cold Zone Corporation

Cold Zone Corporation			"///: 5.
(Name of Corporation a	s currently filed with the	Florida Dept. of State)	- "///:2/
P95000057958			
(Docume	nt Number of Corporation	(if known)	_
Pursuant to the provisions of section 607 its Articles of Incorporation:	1006, Florida Statutes, thi	is Florida Profit Corporation adopts the following	ng amendment(s) t
A. If amending name, enter the new n	ame of the corporation:		
•			The new
	nation "Corp," "Inc," or	ion," "company," or "incorporated" or the a "Co". A professional corporation name must 1 "P.A."	abbreviation
B. Enter new principal office address,	if annlicable:	2574 Grove Ave N	
(Principal office address MUST BE A STREET ADDRESS)		St Petersburg, FL 33714	_
			_
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		P O Box 55459	_
		St Petersburg, FL	_
		33732-5459	_
		dress in Florida, enter the name of the	_
new registered agent and/or the ne	•		
Name of New Registered Agent	Robert M. Butte	ermore	
	2574 Grove Pa		
	,	street address)	
New Registered Office Address:	St Petersburg	, Florida 33714	_
,	(Cit	(Zip Code)	
New Registered Agent's Signature, if c I hereby accept the appointment of regis	hanging Registered Age gred agelit. I am familia	nt: r with and accept the obligations of the position.	
$\frac{1}{S_i}$	gnature of New Registered	d Agent, if changing	
1	*		

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: XChange	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>		<u>Addres</u> s
1) Change Add Remove				
2) Change Add Remove				
3) Change Add Remove			······································	
4) Change Add Remove				
5) Change Add Remove	 			· · · · · · · · · · · · · · · · · · ·
6) Change Add Remove	· 	 		

L. If amending or adding additional Arti- (attach additional sheets, if necessary).	(Be specific)
	·
·	
If an amendment provides for an exch provisions for implementing the amer (if not applicable, indicate N/A)	nange, reclassification, or cancellation of issued shares, and and and an and an and an
	-

The date of each amendment(s)	adoption: June 1, 2012
Effective date <u>if applicable</u> : Ju	une 1, 2012
<u></u> ,	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were ac by the shareholders was/were s	dopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.
☐ The amendment(s) was/were ap must be separately provided for	oproved by the shareholders through voting groups. The following statement or each voting group entitled to vote separately on the amendment(s):
"The number of votes cas	at for the amendment(s) was/were sufficient for approval
by	(voting group)
☐ The amendment(s) was/were action was not required.	dopted by the board of directors without shareholder action and shareholder
☐ The amendment(s) was/were ac action was not required.	lopted by the incorporators without shareholder action and shareholder
_{Dated} June	5, 2012
Signature	Tail Buttermore
select	director, 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 court nted fiduciary by that fiduciary)
	Gail Buttermore
	(Typed or printed name of person signing)
	Director, Secretary
	(Title of person signing)