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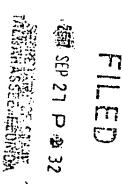
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COVER LETTER

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TO: Amendment Section Division of Corporations

6

NAME OF CORPOR	ATION: Colonial Grocers,	Inc.		
DOCUMENT NUME			 	
The enclosed Articles	of Amendment and fee are su	bmitted for filing.		
Please return all corres	pondence concerning this ma	tter to the following:		
	Michele Slingluff			
		Name of Contact Person	1	
	Colonial Grocers, Inc.			
		Firm/ Company		
	4001 E. Lake Ave			
		Address		
	Tampa, FL 33610			
	· -	City/ State and Zip Cod	c	
	F-mail address: (to be us	sed for future annual report	notification)	
	in the transfer of the second	sea tot tarate amain toport	notinization,	
For further information	n concerning this matter, pleas	se call:		
Michele Slingluff		at (621-8880	
Name o	of Contact Person	Area Co	de & Daytime Telephone Number	
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:	
S35 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)	
Ame Divi P.O.	ling Address endment Section sion of Corporations Box 6327 ahassee, FL 32314	Ameno Divisio Cliftor 2661 E	Address Iment Section on of Corporations Building Executive Center Circle assee, FL 32301	

Articles of Amendment to Articles of Incorporation of

Colonial Grocers, Inc.			
(Name of Co	rporation as currently	filed with the Florida Dept. of State	:)
P98000071892			
	(Document Number of C	Corporation (if known)	
Pursuant to the provisions of section 607,1006 its Articles of Incorporation:	, Florida Statutes, this F	lorida Profit Corporation adopts the t	following amendment(s) to
A. If amending name, enter the new name of	of the corporation:		
Colonial Wholesale Distributing, Inc.			The new
name must be distinguishable and contain "Corp.," "Inc.," or Co.," or the designation word "chartered," "professional association,	i "Corp." "Inc." or "C	o". A professional corporation nam	r the abbreviation
·		N/A	
B. Enter new principal office address, if ap (Principal office address MUST BE A STREA			
C. Enter new mailing address, if applicable		N/A	
(Mailing address <u>MAY BE A POST OFF</u>	ICE BOX)		
D. If amending the registered agent and/or	ragistared office addre	se in Flarida, anter the nume of the	
new registered agent and/or the new reg		ss in Fiorida, enter the name of the	
Name of New Registered Agent	١.		
Tune of the register by tigen			
	(Florida stree	t address)	
		,	
New Registered Office Address:		, Florida_ Cityy	(Zip Code)
New Registered Agent's Signature, if chang		وسيورم دريور اري او اور	•.•
I hereby accept the appointment as registered	ageni. 1 am jamiliar wi	in and accept the obligations of the parties of the	ostilous.
			SE 11
)	P 27
	Signature of New Reg	gistered Agent, if changing	in in

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:

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

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	<u>PT</u>	John De	<u>oe</u>	
X Remove	<u>V</u>	Mike Jo	nes	
X Add	<u>sv</u>	Sally Sn	<u>nith</u>	
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				

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)
N/A
19/4
·

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) date this document was signed.	adoption:	, if other than the
•		
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the f	s block does not meet the applicable statutory filing requirements, this date will Department of State's records.	l not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were aby the shareholders was/were	dopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.	
	pproved 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 ca	st for the amendment(s) was/were sufficient for approval	
by		
•	(voting group)	
☐ The amendment(s) was/were a action was not required.	dopted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were a action was not required.	dopted by the incorporators without shareholder action and shareholder	
Dated 9/	4/17	
(By a selec	director, president or other officer – if directors or officers have not been eted, by an incorporator – if in the hands of a receiver, trustee, or other court inted fiduciary by that fiduciary)	
	Yasin Saad	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	