

L15000 160076

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

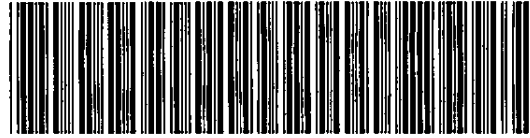
(Business Entity Name)

(Document Number)

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16 MAY 13 PM 12:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAY 16 2016
J SHIVERS

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 27, 2016

ARTEM KALUS
3340 NW 190TH ST APT 802
AVENTURA, FL 33180

SUBJECT: PRIME GLOBAL DISTRIBUTION, LLC
Ref. Number: L15000160036

We have received your document for PRIME GLOBAL DISTRIBUTION, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return the corrected original and one copy of 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) 245-6051.

Justin M Shivers
Regulatory Specialist III
Registration/Qualification Section

Letter Number: 416A00008680

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: **PRIME GLOBAL DISTRIBUTION LLC**
Name of Corporation

DOCUMENT NUMBER: **L15000160036**

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:

ARTEM KALUS
Name of Contact Person
PRIME GLOBAL DISTRIBUTION LLC
Firm/Company
3340 NE 190TH ST APT 802
Address
AVENTURA FL 33180
City/State and Zip Code
KALUSARTEM@GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ARTEM KALUS at (**786**) **683-9518**
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

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

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

- 1. Name of the limited liability company: PRIME GLOBAL DISTRIBUTION LLC
2. (a) PRIME GLOBAL DISTRIBUTION LLC (b) PRIME GLOBAL DISTRIBUTION LLC
Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)
Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
3340 NE 190TH ST APT 802 3340 NE 190TH ST APT 802
AVENTURA FL 33180 AVENTURA FL 33180

3. Date of filing/registration in Florida: 09/21/2015
4. Document number: L1500016 0036

- 5. (a) UNITED STATES CORPORATION AGENTS, INC.
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

13302 WINDING OAK COURTA
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
TAMPA, FL 33612

16 MAY 13 PM 12:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

- (b) ARTEM KALUS
Enter name of NEW Registered Agent and/or NEW Registered Office address:

3340 NE 190TH ST APT 802 AVENTURA FL 33180
NEW Registered Office Address:
3340 NE 190TH ST APT 802
Aventura, FL 33180

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Signature of a member or authorized representative of a member: [Signature]
Printed or typed name of signee: Olga Bixby

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Signature of Registered Agent: [Signature]