P04000/35657

(Requestor's Name)				
(110				
(Ad	dress)	•		
(Ad	dress)			
(Cit	y/State/Zip/Phon	e #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	siness Entity Nai	me)		
(De	cument Number)			
Certified Copies	Certificate:	s of Status		
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Special Instructions to	Filing Officer:			
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SLUGGETARY OF STATE
SLUGGETARY OF STATE

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COVER LETTER

Amendment Section Division of Corporations

TO:

SUBJECT: MDS	S DISTRIBUTORS OF MIAMI	CORP.				
	(Name of Corp	poration)				
DOCUMENT NU	JMBER: P04000135657					
The enclosed State	ement of Change of Registered Office/A	Agent and fee are submitted for filing.				
Please return all c	orrespondence concerning this matter to	the following:				
		C				
	David A. Ga	et Fea				
	(Name of Conta					
	· ·	,				
	Banta C Ban	Have D.A.				
Malloy & Malloy, P.A. (Firm/Company)						
	(Pa)				
	0000 0144 717 14	11: 4 : 0 134				
-	2800 S.W. Third Avenu (Addres					
(Address)						
		20422				
Miami, Florida 33129						
(City/State and Zip Code)						
For further inform	nation concerning this matter, please cal	1:				
David A. Gast, Es	ea	305 × 858-8000				
(N	ame of Contact Person)	at (305) 858-8000 (Area Code & Daytime Telephone Number)				
	,					
Enclosed is a \$35.00 check made payable to the Department of State.						
	Mailing Address:	Street Address:				
	Mailing Address: Amendment Section	Amendment Section				
	Division of Corporations	Division of Corporations				
	P.O. Box 6327	Clifton Building				
	Tallahassee, FL 32314	2661 Executive Center Circle				
		Tallahassee, FL 32301				

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statute statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida	da	is	_
1. The name of the corporation: MDS DISTRIBUTORS OF MIAMI CORP.	4.		
2. The principal office address: 16421 N.W. 48th Avenue			
Hialeah, Florida 33014			
3. The mailing address (if different): (same as above)			·
4. Date of incorporation/qualification: 09-29-2004 Document number: P0400013565	57	·• · · · ·	
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:	!		
Eddie Jhin) [6] [7]	90	
16421 N.W. 48th Avenue		06 NOV 27	
Hialeah, Florida 33014	(*	27	
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):	OF STAT	PM 4: 2:	ED
David A. Gast, Esq., Malloy & Malloy, P.A.	ئىل(ယ	
2800 S.W. Third Avenue, Historic Coral Way (P.O. Box NOT acceptable)			
Miami, Florida 33129			
The street address of its registered office and the street address of the business office of its reg as changed will be identical.	ister	ed age	nt,
Such change was authorized by resolution duly adopted by its board of directors or by an office authorized by the board, or the corporation has been notified in writing of the change.	er so)	
(Signature of an other redirector) Eddie Jhin, Director (Printed or typed name and title)		,.	_
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 of my duties, and I am familiar with and accept the obligation of my position as registered age document is being filed merely to reflect a change in the registered office address, I hereby co-corporation has been notified in writing of this change.	e per ent. i nfirn	forma Or, if 1 that	nce this the
(Signature of Registered Agent) November 16, 20 (Date))O(5	
If signing on behalf of an entity:			
(Typed or Printed Name) * * * FILING FEE: \$35.00 * * *			

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (8/05)