I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: YVETTE DELAWYER

Electronic Signature of Signing Officer/Director Detail

DOCUMENT# G83172

Entity Name: STEPHENS DISTRIBUTING COMPANY

Current Principal Place of Business:

5650 ANGLERS AVENUE FT LAUD. FL 33312

Current Mailing Address:

5650 ANGLERS AVENUE FT LAUD, FL 33312 US

FEI Number: 59-2359783

Name and Address of Current Registered Agent:

STEPHENS, EDWARD T 5650 ANGLERS AVENUE FT LAUDERDALE, FL 33312 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Officer/Director Detail :

Title	PD	Title	STD
Name	STEPHENS, EDWARD T.	Name	STEPHENS, MARY H.
Address	5650 ANGLERS AVENUE	Address	5650 ANGLERS AVENUE
City-State-Zip:	FORT LAUDERDALE FL 33312	City-State-Zip:	FORT LAUDERDALE FL 33312

02/13/2024 DIRECTOR OF FINANCE

Date

FILED Feb 13, 2024 Secretary of State 3324675723CC

Certificate of Status Desired: No

Date