# 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.

VICE PRESIDENT

#### SIGNATURE: ANA MARIA SUAREZ

Electronic Signature of Signing Officer/Director Detail

DOCUMENT# P98000023765

Entity Name: MORELL DISTRIBUTORS, INC.

**Current Principal Place of Business:** 

5065 NW 74 AVE #8 MIAMI, FL 33166

#### **Current Mailing Address:**

5065 NW 74 AVE #8 MIAMI, FL 33166 US

#### FEI Number: 65-0819530

## Name and Address of Current Registered Agent:

Electronic Signature of Registered Agent

SUAREZ, F. JAVIER 5065 NW 74 AVE SUITE 8 MIAMI, FL 33166 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:

Officer/Director Detail :			
Title	Р	Title	D
Name	SUAREZ, FERNANDO	Name	SUAREZ, FERNANDO F
Address	5065 NW 74 AVE SUITE# 8	Address	5065 NW 74 AVE SUITE# 8
City-State-Zip:	MIAMI FL 33166	City-State-Zip:	MIAMI FL 33166
Title	VP		
Name	SUAREZ, ANA MARIA		
Address	5065 NW 74 AVE #8		
City-State-Zip:	MIAMI FL 33166		

Certificate of Status Desired: No

FILED Apr 27, 2016 Secretary of State CC0830872877

> 04/27/2016 Date

Date