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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and	
that my name appears above, or on an attachment with all other like empowered.	

SIGNATURE: HECTOR G SCHLESKE

Electronic Signature of Signing Authorized Person(s) Detail

DOCUMENT# L15000019096

Entity Name: ES DISTRIBUTIONS, LLC.

## **Current Principal Place of Business:**

8939 NW 23RD ST DORAL, FL 33172

## **Current Mailing Address:**

1060 SAN PEDRO AVE MIAMI, FL 33156 US

## FEI Number: 47-2992327

## Name and Address of Current Registered Agent:

SCHLESKE, HECTOR G 1060 SAN PEDRO AVE MIAMI, FL 33156 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:	HECTOR SCHLESKE			04/18/2017	
	Electronic Signature of Registered Agent			Date	
Authorized Person(s) Detail :					
Title	MGR	Title	MGR		
Name	SCHLESKE, HECTOR G	Name	ESCOBAR, JAIME E		
Address	1060 SAN PEDRO AVE	Address	6340 NW 114TH AVE, UNIT 421		
City-State-Zip:	MIAMI FL 33156	City-State-Zip:	MIAMI FL 33178		

Certificate of Status Desired: Yes

PARTNER

04/18/2017

FILED Apr 18, 2017 Secretary of State CC1836278307

Date