F01000000975

RASI RE S O S115 CON	GISTERI LUTIC NGRESS AVENUEISU	ED AGENT NS IN (IITE 2300 AUSTIN, TX 7870
(Ad	ldressj	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL.
(Bu	siness Entity Nar	ne)
(Du	Siness Entity Ival	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer	
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Office Use Only



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VIA US MAIL

Florida Department of State Division of Corporations Corporate Filings P.O. Box 6327 Tallahassee, FL 32314

Re: S-L DISTRIBUTION COMPANY, INC.

Dear Sir or Madam:

On behalf of the above-referenced corporation, enclosed please find the following for filing with the Florida Secretary of State:

- 1. One original (1) and one (1) copy of Change of Registered Agent/Address form;
- 2. \$35.00 to cover the required filing fee.

Please file immediately the enclosed, and return a file-stamped copy to the undersigned.

If you have any questions regarding this filing, feel free to contact the undersigned directly at (512) 480-9131.

Respectfully,

Ryn E.

Ryan Ermis

REGISTERED AGENT SOLUTIONS, INC.

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

statement of ch	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this ange is submitted for a corporation organized under the laws of the State of Delaware
in ord	er to change its registered office or registered agent, or both, in the State of Florida.
1. The name of	the corporation: S-L DISTRIBUTION COMPANY, INC
2. The principa	office address: 1250 YORK STREET
<u> </u>	HANOVER PA 17331
3. The mailing	address (if different): P. O. BOX 6917
	HANOVER PA 17331
4. Date of incor	poration/qualification: 02/20/2001 Document number: F0100000975
	d street address of the current registered agent and registered office on file with the return the street address of the current resigned)
	CORPORATION SERVICE COMPANY
	1201 HAYS STREET
	TALLAHASSEE FL 32301-2525
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registered office
	Registered Agent Solutions, Inc.
	155 Office Plaza Dr., Suite A
	P.O. Box NOT acceptable
	Tallahassee, FL 32301
The street address changed will	ess of its registered office and the street address of the business office of its registered agent, be identical.
Such change wanthorized by the	as authorized by resolution duly adopted by its board of directors or by an officer so he board, or the corporation has been notified in writing of the change.
Signatu	Margaret E. Wicklund, Vice President Printed or typed name and title
I hereby accept I further agree of my duties, an document is bel corporation has	the appointment as registered agent and agree to act in this capacity. to comply with the provisions of all statutes relative to the proper and complete performance ad I am familiar with and accept the obligation of my position as registered agent. Or, if this ing filed merely to reflect a change in the registered office address, I hereby confirm that the s been notified in writing of this change.
Ste -	nature of Registered Agent 3/9/12 Date
	half of an entity:
Art FI	ores, Asst. Secretary
T	yped or Printed Name * * * FILING FEE: \$35.00 * * *
	TENTO END DOCUM

Make Checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 8/05)