Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number

: (850)617-6380

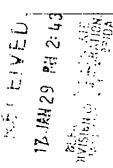
From:

Account Name : INCORP SERVICES INC

Account Number : 12012000007 Phone : (702)866-2500 Fax Number : (702)866-2689

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: Occuments (incorp. Com



REGISTERED AGENT CHANGE SEMCO DISTRIBUTING, INC.

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COVER LETTER

TO: Amendment Sec Division of Con	ction porations	
\$UBJECT:	Semco Distributing	
	Name of Corpo	ration
DOCUMENT NUMBE	:R: F01000	004611
The enclosed Statement	of Change of Registered Office/As	ent and fee are submitted for filing.
Please return all corresp	ondence concerning this matter to t	the following:
	Jennifer Sha Name of Contact	rp
	Name of Contact	Person
	InCorp Service:	
	Firm/Compa	ny
	3773 Howard Hughes Pky	wy Suite 500S
	Address	
	Las Vegas, NV 89	169-6014
	City/State and Zi	p Code
	documents@inco	ore com
E-m	ail address: (to be used for future	annual report notification)
For further information of	concerning this matter, please call:	
Jennifer Sharp on Name of	pehalf of InCorp Services, Inc. at Contact Person	(702) 868-2500 Area Code & Daytime Telephone Number
Enclosed is a \$35.00 che	ck made payable to the Departmen	t of State.
	Mailing Address: Amendment Section	Street Address:
	Amendment Section Division of Corporations	Amendment Section Division of Corporations
	P.O. Box 6327	Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

CR2E045 (03/12)

HR0000343393

Tallahassee, FL 32314

HR 0000343393

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

1 94	o corporation; Samco	Distributing, Inc	3 .			
	60 O - L:	inson Industrial				
2. The principal of	ince address	le, MO 63776		-		
2. 20k a martifa a mala		· · · · · · · · · · · · · · · · · · ·	***************************************			
3. The mailing acc	Ress (it different):					
4. Date of Incorpo	ration/qualification:	08/30/2001	Document number:	F01000004811		
5. The name and s		rent registered ag	ont and registered office on f			
	CORPO	RATION SERV	ICE COMPANY			
		1201 Hays S	Street	- 		
_	Ta	llahassee, FL 3	2301-2525		2	
6. The name and st (if changed):	reat address of the nev	v registered agent	(if changed) and /or registers	ed office	JAN	<u></u>
_		InCorp Service	es, Inc.		. m	
		17888 67th Cou	ert No rt h	<i>j</i>	*	\subset
		P.O. Box NOT se	•	<u> </u>	` ci≱	
_		Loxahatchee, Fl	L 33470		0.4	
The stroot address	of its registered office identical.	and the street ad	idress of the business office	of its registered agent,		4
Such change was a authorized by the b	uthorized by resolutionard, or the corporation	n duly adopted bon has been notif	y its board of directors or by led in writing of the change.	an officer so		
Elen	I A Robinson	<u>> </u>	Edward J Robinson, Presi			
, 5.5	appointment as regis omply with the provise duties, and I am fami	tered agent and a ions of all statute liar with and acci merely to reflect	agree to act in this capacity, is relative to the proper and ept the obligation of my post a change in the registered writing of this change.	** *		
Thereby accept the Ifurther agree to coerformance of my agent. Or, if this diereby confirm that	ocument is being filed t the corporation has	been notifted in w	virung of this change.			
370	\sim	been notified in w	vriung of mis change. January 25, 2			
370	ocument is being filed the corporation has of Regintered Agent	been notified in w ————————————————————————————————————				
370	of Registered Agens	been notfied in w	January 25, 2			

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEB, PL 32314
CR2E045 (03/12)

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