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To: Division of Corporations Fax Number : (850)617-6380 From: Account Name : C T CORPORATION SYSTEM Account Number : FCA000000023 : (614)280-3338 Phone Fax Number : (954)208-0845 **Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. ** Email Address:_

REGISTERED AGENT CHANGE SAJ DISTRIBUTORS INC.

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Help

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

statement of cha	nge is submitted for a corporation organi	2, 607,1508, or 617,1508, Florida Statutes zed under the laws of the State of <u>New Yo</u> red agent, or both, in the State of Florida.	ork
1. The name of t	he corporation: SAJ DISTRIBUTORS INC		
2. The principal	office address: T BUILDING 4, 5TH FLOOR BROOKLY!		
3. The mailing a	ddress (if different):		
4. Dateofincorpo	oration/qualification: 12/07/2009	Document number: F09000004828	
	street address of the current registered ag tment of State: (If resigned, enterresigned		
	CORPORATION SERVICE COMPANY		2
	1201 HAYS STREET TALLAHASSEE, FL 32301-2525		
			င်္
6. The name and (ifchanged):	street address of the new registered agen	t (if changed) and /or registered office	ETH: 3:
	C T Corporation System		ယ
	1200 South Pine Island Road		
	P.O.Box Plantation, Florida 33324	NOT acceptable	
The street addre as changed will	ss of its registered office and the street a be identical.	address of the business office of its regist	tered agent,
Such change wa authorized by th	s authorized by resolution duly adopted e board, or the corporation has been not	by its board of directors or by an officer ified in writing of the change.	'so
	\mathcal{K}	Justin Maroldi, Assistant Secretary	
I hereby accept I further agree t of my duties, an document is beil corporation has	been notified in writing of this change.	Printed or typed name and title I agree to act in this capacity, tes relative to the proper and complete p gation of my position as registered agent registered office address, I hereby confi	performanc t. Or, if this irm that the
	udille Helling	09/02/2020	
_	nature of Registered Agent	Date	
	half of an entity:		
	ped or Printed Name		
1,	* * * FILING FE	E: \$35.00 * * *	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (04/13)

By: