

(Re	equestor's Name)	, , , , , , , , , , , , , , , , , , ,	
(Ac	ldress)		
(Ac	ldress)		
(Ci	ty/State/Zip/Phone	e #)	
PICK-UP	☐ WAIT	MAIL	
(Bu	siness Entity Nan	ne)	
(Document Number)			
Certified Copies	Certificates	of Status	
Special Instructions to Filing Officer:			

Office Use Only



900247020389

04/25/13--01030--011 **35.00



My 130 13



CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Vera M. Norris

Date: April 23, 2013

Order#: 610552-265

Re: REBEL DISTRIBUTORS CORP.

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$35.00.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Vera M. Norris c/o Corporation Service Company 2711 Centerville Road, Suite 400 Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

QUCA.XCOA

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

statement of cha	inge is submitted for a corporation	617.0502, 607.1508, or 617.1508, Florida n organized under the laws of the State of r registered agent, or both, in the State of	California	. .
	the corporation: REBEL DISTRIB		. roriuu.	
		Boulevard, Jacksonville, FL 32216		
3. The mailing a	ddress (if different):			
4. Date of incorp	poration/qualification: 04/18/201	Document number: F11000	001666	
	street address of the current regis	stered agent and registered office on file w resigned)	ith the	
	NRAI Services, Inc.			
	515 E. Park Avenue		•	
	Tallahassee, FL 32301		Fig. 3	र ाक्ष्म ारूगासू
6. The name and (if changed):		red agent (if changed) and /or registered of	APR 25	है है स्थादा द्वारा पुरस्त देवा व स
	Corporation Service Company		AM ID: S OF STAD E. FLORIE	
	1201 Hays Street		08.58 1995 1995	Pro-
	P.O. F Tallahassee, FL 32301	Box NOT acceptable	. ≽ o ₂	
- •	ss of its registered office and the be identical.	street address of the business office of it adopted by its board of directors or by an een notified in writing of the change.		ıt,
(D62_	Dona Priebe, Vice President		
Signatūi	e of an officer or director	Printed or typed name and tit	Te	
perjormance of agent. Or, if thi hereby confirm	mv dulies, and I am tamiliar with	ent and agree to act in this capacity. all statutes relative to the proper and con and accept the obligation of my position to reflect a change in the registered offic tified in writing of this change.	a as registered	
By: Dro	co Cokubio	April 15, 2013		
-	nature of Registered Agent \ nalf of an entity:	Date		
	Assistant Vice Presidetn			
	ped or Printed Name			

* * * FILING FEE: \$35.00 * * *