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COVER LETTER

TO: Amendment Section Division of Corporations

GOS INTERNATIONAL DISTRIBUTORS INC Name of Corporation DOCUMENT NUMBER: K61294

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

GONZALO OLIVA Name of Contact Person GOS INTERNATIONAL DISTRIBUTORS INC Firm/Company 139 33rd AVENUE SOUTH Address JACKSONVILLE BEACH 32250

City/State and Zip Code

goliva856@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

GONZALO OLIVA Name of Contact Person

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

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

statement of cha	nge is submitted	for a corporation orge	502, 607.1508, or 617.1508, Florida anized under the laws of the State of stered agent, or both, in the State of	FLORIDA	
	_	-	TIONAL DISTRIBUTORS		
2. The principal	office address:	39 33rd AVEN ACH FL 32250	UE SOUTH		
	ddress (if differe				
4. Date of incorp	oration/qualific	ation: 1/26/1989	Document number: K612	94	
		of the current registered If resigned, enter resig	l agent and registered office on file v ned)	vith the	
	GOS Wines &	Spirits (ERROR WHE	N REINSTATED ON LINE)		
	139 33rd	Avenue South		_	
	Jacksonvill	e Beach FL 322	250	***	
6. The name and (if changed):	l street address c	of the new registered ag	gent (if changed) and /or registered o	AUG 30	FILE
	GONZALO	OLIVA		- Hi - + A	ED
	139 33rd Avenue South				-
P.O. Box NOT acceptable Jacksonville Beach FL 32250			·	IDA 10	
The street address changed will	ess of its register be identical.	red office and the stree	et address of the business office of i	- its registered ager	nt,
Such change wa	is authorized by	resolution duly adopt	ed by its board of directors or by an notified in writing of the change.		
Signatu	re of an officer or dire	ector	GONZALO OLIVA Printed or typed name and to	itle	-
I hereby accept I further agree performance of	the appointmen to comply with t my duties, and t	t as registered agent a he provisions of all sta I am familiar with and	and agree to act in this capacity, attates relative to the proper and confacept the obligation of my position flect a change in the registered office in writing of this change.	mplete on as registered	
	10	ū	8.27.2018		
	nature of Registered A		Date		
It signing on be	half of an entity	:			
T	yped or Printed Name				

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