

L03549

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ MAIL

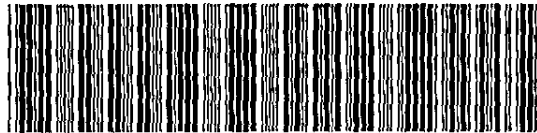
(Business Entity Name)

(Document Number)

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SECRET
TALLAHASSEE, FLORIDA

2720
TS/20/05

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Integrated Distribution Services, INC.
(Name of corporation)

DOCUMENT NUMBER: L03549

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:

DAVID T. ADAMS
(Name of contact person)

Integrated Distribution Services, INC
(Firm/Company)

9001 MARLIN Street
(Address)

CAPE CANAVERAL, FL. 32920
(City/state and zip code)

For further information concerning this matter, please call:

DAVID T. ADAMS at (321) 799-9100
(Name of contact person) (Area code & daytime telephone number)

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
409 E. Gaines Street
Tallahassee, FL 32399

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this
statement of change is submitted for a corporation organized under the laws of the State of FLORIDA
_____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Integrated Distribution Services, Inc.
2. The principal office address: 9001 MARLIN STREET
CAPE CANAVERAL, FL. 32920
3. The mailing address (if different): _____

4. Date of incorporation/qualification: July 19, 1989 Document number: L03549
5. The name and street address of the current registered agent and registered office on file with the
Florida Department of State:

TRACY A. BROWN
9001 MARLIN STREET
CAPE CANAVERAL, FL. 32920

6. The name and street address of the new registered agent (if changed) and /or registered office
(if changed):

DAVID T. ADAMS
9001 MARLIN STREET
(P.O. Box NOT acceptable)
CAPE CANAVERAL, FL. 32920

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The street address of its registered office and the street address of the business office of its registered agent,
as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so
authorized by the board, or the corporation has been notified in writing of the change.

David T. Adams
(Signature of an officer or director)

DAVID T. ADAMS Pres.
(Printed or typed name and title)

I hereby accept the appointment as registered agent and agree to act in this capacity.
I further agree to comply with the provisions of all statutes relative to the proper and complete performance
of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this
document is being filed merely to reflect a change in the registered office address, I hereby confirm that the
corporation has been notified in writing of this change.

David T. Adams
(Signature of Registered Agent)

01-12-05
(Date)

If signing on behalf of an entity:

(Typed or Printed Name)

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314