L0400001 9005

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SEGRETARY OF STATE ALLAHASSEE, FLORID

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TRANSMITTAL LETTER

TO: Registration S Division of Co	ection orporations	.	
SUBJECT: PAC DIS	TRIBUTORS, LLC		
	(Name of L	imited Liability Company)	
	of Amendment and fee(s) are su	_	
Please return all corresp	nondence concerning this matte	r to the following:	
	Brett Cormier		78.5 TA
•	(Name of Person)	E BE
PACI	Distributors, LLC		FILED PH 2: 21 MA DEC 16 PH 2: 21 SECRETARY OF STATE TALLAMASSEE FLORID
	(Firm/Company)	70, 19
350 West	Indiantown Road		21 ORIGA
		(Address)	
Jup	oiter, FL 33458		
	(City	State and Zip Code)	-
For further information	concerning this matter, please	call:	
Brett Cormier		at (5/6) 695	1-1272
<u> </u>	(Name of Person)	at (5/b) 695 (Area Code & Daytime	e Telephone Number)
Enclosed is a check for the	following amount:		
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

December 3, 2004

BRETT CORMIER
PAC DISTRIBUTORS, LLC
350 WEST INDIANTOWN ROAD
JUPITER, FL 33458

SUBJECT: PAC DISTRIBUTORS, LLC

Ref. Number: L04000019005

We have received your document for PAC DISTRIBUTORS, LLC and your check(s) totaling \$25.00. However, the document has not been filed and is being retained in this office for the following:

In order to change the registered agent information, you must also complete and return the enclosed form. There is no additional payment due.

Please return a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6958.

Lee Rivers Document Specialist

Letter Number: 704A00067874

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PAC DISTRIBUTORS, LLC

-	(Present Name) (A Florida Limited Liability Company)
FIRST:	The Articles of Organization were filed on document number L04000019005 and assigned
SECONE	: The following amendment(s) to the Articles of Organization was/were adopted by the limited liability company:
To amend Article Jupiter, Florida 3	Il to change the Principal Officer Address and Mailing Address of the Company to 350 West Indiantown Road, 3458.
To amend Article	III to change the address of the Registered Agent to 350 West Indiantown Road, Jupiter, Florida 34,58.
To amend Article	* IV to change the address of the Managing Member to 350 West Indiantown Road, Jupiter, Florida 4587 ASSEC 16 PM 2: 21
Dated No	Signature of a member or authorized representative of a member
	Brett Cormier, as Managing Member and Registered Agent
	Typed or printed name of signee

Filing Fee: \$25.00

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the limits	ed liability company is:	PAL	DISTA	LIBUTOR	is uc	
2. The mailing address o	f the limited liability co	ompany is:	350	W. INC	PIANTOU	VN RO
		Ju	PITER	FL 3	3458	
3.10-0	+	_	•	,	0 1900	
3. Date of filing/registrat	ion in Florida	4	. Docume	nt number		
5. The name of the register Florida Department of	States					the
	BRETT 477 SA PALM BEAC City,	yol€ Ø Address	RIVE			
	PALM BEAC City,	M G-ARD State and Zip	ens, f	1 334	10	
6. The name and address						
	BRETT 350 W. 1 Florida street address	s (P.O. Box N	OT accepts	able)	TALLAHASSEL	PILLE D
	JUPITER City, S	tate and Zip	<u>+3 8</u>	 ,	5	OF STATE
If the limited liability conconfirmed that after the cland the business office of liability company, it is he the members of the limite the operating agreement of	npany is not organized	under the laws	In atroot ad	deaca of th	a ragistared	Fy office
(Signature of a member or author	ized representative of a member	er)	•	•		
(Printed or typed name of signee)			٠.	y sh		
I hereby accept the appo- comply with the provision and I am familiar with an Chapter 608, F.S. Or, if the address, I hereby confirm	intment as registered a is of all statutes relative d accept the obligation his document is being that the limited liability	gent and agree e to the proper s of my positio filed to merely y company ha	to act in to and comp on as regist reflect a c s been noti	his capacit lete perfor tered agent hange in th fied in wri	ty. I further mance of my as provided to registered ting of this o	agree to duties, dor in doffice hange.
(Signature of Registered Agent)						

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

INHS18(10/99)

FILING FEE: \$25.00