L040031856

. (Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Do	ocument Number)	
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BACK

JUN 24 2014

R. WHITE



ACCOUNT NO. : 12000000195		
REFERENCE : 186148 7848732		
AUTHORIZATION :		
COST LIMIT : \$ 85.00		
ORDER DATE : June 20, 2014		
PRDER TIME : 11:46 AM		
ORDER NO. : 186148-095		
CUSTOMER NO: 7848732		
CHANGE OF AGENT NAME: TEAM DROP SHIP, L.L.C.		
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: CERTIFIED COPY XX PLAIN STAMPED COPY		
CONTACT PERSON: Emily Gray EXT# 62925 EXAMINER:		

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

	, 617.0502, 607.1508, or 617.1508, Florida Statu ion organized under the laws of the State of Florid	
	or registered agent, or both, in the State of Florid	
1. The name of the corporation: Team Drop Ship	p, L.L.C.	
2. The principal office address: 5245 Commonw	vealth Avenue, Jacksonville, FL 32254	
3. The mailing address (if different):		
4. Date of incorporation/qualification: 4/26/04	Document number: £0400003185	56
Florida Department of State: (If resigned, ente	gistered agent and registered office on file with the er resigned)	е
Ansbacher & Schneider, P.A.		
5150 Belfort Road, Building 10	00	,
Jacksonville	FL 32256	
6. The name and street address of the new registe (if changed):	ered agent (if changed) and /or registered office	
Corporation Service Company	, <u> </u>	
1201 Hays Street	·	
	D. Box NOT acceptable	발표 상
Tallahassee	FL 32301	
The street address of its registered office and the as changed will be identical.	he street address of the business office of its regi	istered agent,
Such change was authorized by resolution duly authorized by the board) or the corporation has	adopted by its board of directors or by an office been notified in writing of the change.	er so
Jun C	Thomas Baumlin CF	:o
Signature of an officer or director I hereby accept the appointment as registered a I further agree to comply with the provisions of performance of my duties, and I am familiar with agent. Or, if this document is being filed merel hereby confirm that the corporation has been n	Printed or typed name and title agent and agree to act in this capacity. If all statutes relative to the proper and complete ith and accept the obligation of my position as r ly to reflect a change in the registered office add notified in writing of this change.	; egistered dress, [
Drew S. Houl dot U.P.	June 23, 2014	
Signature of Registered Agent	Date	
If signing on behalf of an entity:		
Doreen S. Haeselin, Asst. VP Typed or Printed Name	_	
• •	.ING FEE: \$35.00 * * *	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 (03/12)

COVER LETTER

TO:	Amendment Section Division of Corporations	
SUBJI	Team Drop Ship, L.L.C.	
0000	Name of Corporation	
DOCU	L04000031856 MENT NUMBER:	
The en	closed Statement of Change of Registered Office/Agent and fee are submitted for filing.	
Please	return all correspondence concerning this matter to the following:	
	Donna L. Smith	
	Name of Contact Person	
	Kynetic, LLC	
	Firm/Company	
	225 Washington Street, 3rd Floor	
	Address	
	Conshohocken, PA 19406	
	City/State and Zip Code	
	donna@kynetic.com	
	E-mail address: (to be used for future annual report notification)	
For fur	ther information concerning this matter, please call:	
Donna	Smith 484 534-8103	
	Name of Contact Person at (
Enclosed is a \$35.00 check made payable to the Department of State.		
	Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Street Address: Amendment Section Division of Corporations Division of Corporations Clifton Building	
	Tallahassee, FL 32314 Cinton Sunting 2661 Executive Center Circle Tallahassee, FL 32301	