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ENTITY NAME:

GLOBAL DITRIBUTION & LOGISTICS LLC

CK# 7048 FOR \$25.00

PLEASE FILE THE ATTACHED COA & RETURN THE FOLLOWING:

____ CERTIFIED COPY

XXX STAMPED COPY

___ CERTIFICATE OF STATUS

Examiner's Initials

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

Pursuant to the provisions of sections 605.0114 or 605.0116, 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. Na	ame of the limited liability company: Global Distril	oution	& Logist	tics, LLC			
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) 1320 NW 78 Ave.		(b)	Mailing address of limite (Note: MAY BE, POS NW 78 Ave.			r;
	Miami, FL 33126		Mian	ni, FL 33126	·		
	December 22, 2005		L0500	0122040			
3.	Date of filing/registration in Florida	- 4.		Document number			
. (a)	MED ACCOUNTING SERVICES, LLC						
5. (a)	Registered Agent and Registered Office shown on the records of	the Flor	ida Dept. of	State:			
	4468 Dogwood Circle		•				
	Registered Office Address (MUST BE FLORIDA STREET	ADDRE	<u>\$\$)</u>				
	Weston, FI	3333	1				
(b)					ASS.	动	
(0) _	Enter name of NEW Registered Agent and/or NEW Registered	Office	nddress:		- C	15 OCT	۰. سېر۵۰۰ ا
	Atrium Registered Agents, Inc.				CHAILAR)	T 26	Alexandra Stransfering
	NEW Registered Office Address:		<u>-</u>		1117	7	
	1500 San Remo Avenue, Suite 125				ES	<u>چ</u>	
	Coral Gables , Fi	3314	-6		F STATE FLORIDA	29	
the cha agent v was/w	imited liability company is not organized under the la unge or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited I ere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	ws of the reliability	he State o gistered o company, imited lia	ffice and the business o it is hereby confirmed bility company or as oth	ffice of the that the c	ie regi: hange(stered (s)
B	aren	В	arrie L. I	Erasmous			
Signa	ture of a member or authorized representative of a member			Printed or typed name	of signee		
I here provis the ob- to mer notifie	hy accept the appointment as registered agent and agions of all statutes relative to the proper and completifications of my position as registered agent as providely reflect a phange in the registered office address, I d in writing of his change.	ree to de perfored for it hereby	act in this mance of n Chapter confirm t	capacity. I further agre my duties, and I am fan 605, F.S. Or, if this do hat the limited liability.	ee to com niliar with cument is company	ply with and a s being has ba	h the occept filed en
~	re of Registered Agent						
ACTI Y: J	um Registered Agents, Inc. lose L, Nune Division of Corporations P.O. FILING I	Box 63 FEE: S	i27• Talli 25.00	ahassee, FL 32314			

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