L09000041103

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

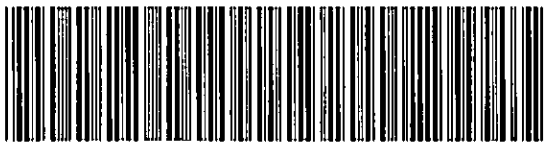
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer.

Office Use Only



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SECRETARY OF STATE
TALLAHASSEE FLORIDA

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OCT 20 2017

ATTORNEYS CORPORATION SERVICE, INC.
5668 EAST 61ST STREET
COMMERCE, CA 90040
TEL: (800) 462-5487 FAX: (800) 388-0330
EMAIL: filings@attorneyscorpservice.com

DOCUMENT FILING REQUEST LETTER

REGULAR FILING SERVICE

DATE: Monday, October 16, 2017

FROM: Cristal Muñoz

Client Matter: #7176874

TO: DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
CLIFTON BUILDING
2661 EXECUTIVE CENTER CIRCLE
TALLAHASSEE, FL 32301

ATTN: DOCUMENT FILING DIVISION

RE: ***FULL-SCALE DISTRIBUTORS, LLC***

Enclosed is one of the following:	**(X) Statement of Change of Registered Office or Registered Agent or Both for LLC**
Return request with filing:	**(1) Certified Copy**
Return request via following:	**(X) Mail**

Total Page(s) attached including transmittal page: (4)

Fax/Email a copy of the filed documents upon acceptance of filing

****PLEASE RETURN FILED DOCUMENTS ATTACHED WITH AN INVOICE TO:
ATTORNEYS CORPORATION SERVICE, INC.
5668 EAST 61ST STREET, COMMERCE, CA 90040****

PLEASE CONFIRM UPON RECEIVED DOCUMENTS

NOTE(S):
CHECK #907316 55.00

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FULL-SCALE DISTRIBUTORS, LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Cristal Muñoz
Name of Person

Attorneys Corporation Service
Firm/Company

5668 E. 61st Street
Address

Commerce, CA 90040
City/State and Zip Code

brootman@sunniva.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Cristal Muñoz at (800) 462-5487
Name of Person — Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

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

Enclosed is a check for the following amount:

☐ $25 Filing Fee

☑ $55 Filing Fee & Certified Copy

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. Name of the limited liability company: FULL-SCALE DISTRIBUTORS, LLC

2. (a) Principal office address of limited liability company: *(Note: MUST BE STREET ADDRESS)*

1755 E. PALM CANYON DRIVE, STE. 110-261

PALM SPRINGS, CA 92264

(b) Mailing address of limited liability company: *(Note: MAY BE POST OFFICE BOX)*

1755 E. PALM CANYON DRIVE, STE. 110-261

PALM SPRINGS, CA 92264

3. Date of filing/registration in Florida: AUGUST 5, 2009

4. Document number: L09000075103

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

EDWARD L. WONG

Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*

500 NE 29 ST 908

MIAMI, FL 33137

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:

LEGALINC CORPORATE SERVICES, INC.

NEW Registered Office Address:

5237 Summerlin Commons Blvd., Ste. 400

Fort Meyers, FL 33907

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TALLAHASSEE, FLORIDA

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Signature of a member or authorized representative of a member

Luke K. Stanton

Printed or typed name of signee

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 obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

President

Signature of Registered Agent

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314
FILING FEE: $25.00

INHS18 (2/14)