

L10000041645

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

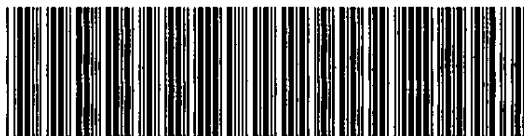
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

W



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 27, 2010

AMY J. BIZZARRO  
JAMS WHOLESALE DISTRIBUTION SERVICES LLC  
106 BOULDER RIDGE RD  
SCARSDALE, NY 10583

SUBJECT: JAMS WHOLESALE DISTRIBUTION SERVICES LLC  
Ref. Number: L10000041645

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

We have received your document for JAMS WHOLESALE DISTRIBUTION SERVICES LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with 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) 245-6043.

Joey Bryan  
Regulatory Specialist II

Letter Number: 310A00010341

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: JAMS Wholesale Distribution Services 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:

PETER BIZZARRO  
(Name of Person)

JAMS Wholesale Distribution Services LLC  
(Firm/Company)

106 Boulder Ridge Rd  
(Address)

Schausdale NY 10583  
(City/State and Zip Code)

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Peter Bizzarro at ( 914 ) 589-0200  
(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

✓ You already have  
Resending this because

**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. Name of the limited liability company: JAMS Wholesale DISTRIBUTION SERVICES LLC

2. (a) Principal office address of limited liability company: 3500 FAIRLANE FARMS Rd  
(Note: **MUST BE STREET ADDRESS**) Suite 1  
WELLINGTON, FL 33414

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

SAME AS ABOVE

3. Date of filing/registration in Florida

4. Document number

L10000041645

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

Registered Agent:

Corporation Service Company

Registered Office Address:

1201 Hays Street

Tallahassee, FL 32301

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

**NEW** Registered Agent:

Amy J. Bizzarro

**NEW** Registered Office Address:

(**MUST BE FLORIDA STREET ADDRESS**)

3500 FAIRLANE FARMS Rd

Suite 1

WELLINGTON, FL 33414

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.

Amy J. Bizzarro  
(Signature of a member or authorized representative of a member)

AMY BIZZARRO  
(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 608, 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.

By:

(Signature of Registered Agent)

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

FILING FEE: \$25.00