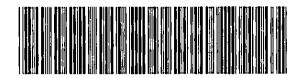
L10 000041645

(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:							





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SECRETARY OF STATE
TALL AHASSEF, FL

JU 09/30/20

COVER LETTER

TO:	Registration Section Division of Corpora							
e110 II		T: JAMS WHOLESALE DISTRIBUTION SERVICES LLC Name of Limited Liability Company						
SUBJE	C1;							
Dear Si	r or Madam:							
The end	losed Registered Ag	ent/Registered Offic	e Change and	fee(s) are submitted for filing.				
Please r	eturn all corresponde	nce concerning this	matter to the	following:				
PETER	BIZZARRO							
	Nan	ne of Person						
JAMS V	WHOLESALE DISTRI	BUTION SERVICES	LLC					
	Firm	n/Company		_				
10405	N Barnsley Drive							
	A	ddress		_				
Parklan	d, FL 33076							
	City/Sta	ite and Zip Code		_				
	etebizzarro.com							
E-	-mail address: (to be	used for future annu	al report notifi	cation)				
For furt	ther information conc	erning this matter, p	olease call:					
PETER	BIZZARRO		954 at (422-1332				
	Name of Pe	rson	(Area Code & Daytime Telephone Number				
	Mailing Address: Registration Section Division of Corporation P.O. Box 6327 Tallahassee, FL 32	rations		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303				
	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.

2. (a)	4811 LYONS TECHNOLOGY PARKWAY	(b) 48	H LYONS TECHN	LYONS TECHNOLOGY PARKWAY			
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)				
	Unit 23, 24, 25, 26, 11		Unit 23, 24, 25, 26, 11 COCONUT CREEK, FL 33073				
	COCONUT CREEK, FL 33073						
	10/03/2011		L100	00041645			
3.	Date of filing/registration in Florida	4.		Document r	number		
5. (a)							
	Registered Agent and Registered Office shown on the records	of the Flor	ida Dept.	of State:			
	PETER BIZZARRO				~		
	Registered Office Address (MUST BE FLORIDA STREE) 4811 LYONS TECHNOLOGY PARKWAY, Unit 23-		2020 AUG Secret				
	COCONUT CREEK	RUT CREEK , FL 33073					
(b)	Enter name of NEW Registered Agent and/or NEW Register		3-6 PH 2: 46 MARY OF STATE AHASSEE, FL				
	NEW Registered Office Address:						
	4811 LYONS TECHNOLOGY PARKWAY, Unit 23.	. 24, 25, 2	6.11				
	COCONUT CREEK	FL_33073		<u>.</u>			
change agent v was/w	imited liability company is not organized under the cor changes are made, the Florida street address of twill be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the membersicles of organization or the operating agreement of the Bizzarro	he registo liability s of the l ne limited	ered oft compar imited I d liabili	ice and the busine ny, it is hereby con lability company o ty company. IZZARRO	ss office of the registered firmed that the change(s)		

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