## L11000020038

(Re	questor's Name)	
(Ad	dress)	·-· ,
(Ad	dress)	<u> </u>
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	<u> </u>
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



900253975989

12/02/13--01049--002 \*\*25.00

SECRETARY OF STATE FALLAHASSEE, FLORIDA

DEC - 9 2013

T. BROWN



## FLORIDA DEPARTMENT OF STATE Division of Corporations

October 9, 2013

ONE UP DISTRIBUTORS, LLC 9132 WICKHAM WAY ORLANDO, FL 32836

SUBJECT: ONE UP DISTRIBUTORS, LLC

Ref. Number: L11000020038

Our records indicate the registered agent for the above named limited liability company resigned on August 19, 2013 and that the limited liability company currently does not have a registered agent designated.

Chapter 608, Florida Statutes, requires this office to give 60 days notice of our intent to dissolve a limited liability company for failure to appoint and maintain a registered agent.

This letter is our notice of intent to dissolve the above named limited liability company 60 days from the date of this letter if a registered agent is not properly designated.

Please designate a new registered agent by doing one of the following: 1) complete the enclosed registered agent designation form, 2) file the current year annual report (if applicable) or 3) file an amended annual report (again, if applicable). Each one of these filings must be submitted with the appropriate filing fee.

If you should need any further information, please contact our office at (850) 245-6051.

Gary Blankenbaker Document Specialist Division of Corporations

Letter Number: 413A00023728

25=

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

Tursuant to the provisions of sections 608.416 or 608.50 liability company submits the following statement in order agent, or both, in the State of Florida.	98, Florida Statutes, the undersigned limited r to change its registered office or registered		
1. Name of the limited liability company:	Distributors, LLC		
2. (a) Principal office address of limited liability company	9132 Wickham Way		
(Note: MUST BE STREET ADDRESS)	Orlando, FL 32836		
(b) Mailing address of limited liability company:	9132 Wickhang war		
(Note: MAY BE POST OFFICE BOX)	Orlando, PC 32000 7		
X 02/16/2011 3. Date of filing/registration in Florida	L11000020038		
5. (a) Registered Agent and Registered Office shown on t	he records of the Florida Dept. of Alate:		
Registered Agent:	Shamsha A. Lakhani		
Registered Office Address:	9132 Wickham Way, Orlando, FL 32836		
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEV NEW Registered Agent</u> : <u>NEW Registered Office Address:</u> (MUST BE FLORIDA STREET ADDRESS)	V Registered Office address:  Anwar A- Lakhani  9132 Wilkham Way, Orlando, FL 32836		
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			
Printed or typed name of signee A. Lakhani	<del>.</del>		
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the provisions of all statutes relative to the provision and I am familiar with and accept the obligations of my posenter 608 F.S. Or, if this document is being filed to me address, I kereby confirm that the limited liability company  Signature of Registered Agent	gree to act in this capacity. I further agree to oper and complete performance of my duties, sition as registered agent as provided for in rely reflect a change in the registered office has been notified in writing of this change.		

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