

L11000036990

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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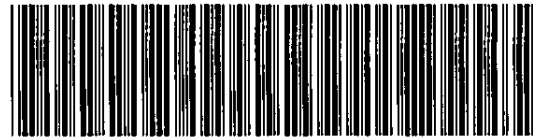
(Business Entity Name)

(Document Number)

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2012 SEP 17 PM 2:49  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. BRYAN

SEP 18 2012

EXAMINER

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** We The People Distribution 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:

Susan James  
Name of Person

We The People Distribution LLC  
Firm/Company

4461 161st Ter N  
Address

Loxahatchee, FL 33470-3880  
City/State and Zip Code

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

For further information concerning this matter, please call:

Susan James at ( 954 ) 779-3353  
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

**FILED**  
SEP 17 PM 2:49  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE



*Amended*

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 4, 2012

SUSAN JAMES  
WE THE PEOPLE DISTRIBUTION LLC  
4461 161ST TER N  
LOXAHATCHEE, FL 33470-3880

SUBJECT: WE THE PEOPLE DISTRIBUTION, LLC  
Ref. Number: L11000036990

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

We have received your document for WE THE PEOPLE DISTRIBUTION, 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 document number you listed #L08000058113 belongs to a different company. You need to list the old information in #5(a) and the new information in #5 (b)

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

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) 245-6051.

Joey Bryan  
Regulatory Specialist II

Letter Number: 812A00022337

**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: We The People Distribution LLC

2. (a) Principal office address of limited liability company: 4461 161st Ter N

**(Note: MUST BE STREET ADDRESS)**

Loxahatchee, FL 33470-3380

(b) Mailing address of limited liability company: \_\_\_\_\_

**(Note: MAY BE POST OFFICE BOX)**

L11000036990

3/28/2011  
3. Date of filing/registration in Florida

4. Document number

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

Registered Agent:

Susan M. James

Registered Office Address:

4461 161st Ter N

Loxahatchee, FL 33470-3880

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

**NEW** Registered Agent:

**NEW** Registered Office Address:

**(MUST BE FLORIDA STREET ADDRESS)**

4461 161st Ter N

Loxahatchee, FL 33470-3880

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.

Susan M James

Signature of a member or authorized representative of a member

Susan M. James

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.*

Susan M James

Signature of Registered Agent

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

FILING FEE: \$25.00