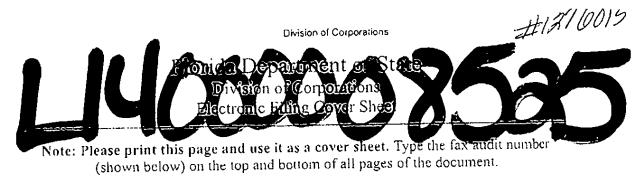
To: 1850G176383 From: 19165767051 Date: 12/09/19 Time: 2:10 PM Page: 02/03

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		Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.			
特にこれと同語	,	To: Division of Corporations Fax Number : (850)617-6383			
		From: Account Name : PARASEC Account Number : I20180000086 Phone : (916)576-7000 Fax Number : (800)603-5868			
	10 PH 1:32	**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.** Email Address:			
	2013 OEC 10	LLC REGISTERED AGENT CHANGE E-BUSINESS DISTRIBUTION LLC			
		Certificate of Status Certified Copy Page Count 0 0 0 0 01			

Estimated Charge ट्राइ इट Help Corporate Filing Menu Electronic Filing Menu DEC 1 1 2013

T. LEMEUX

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.

Mai	ne of the limited liability company: E-BUSINESS DISTRIBUTION LLC				
	2292 NW 82 AVE HOTBOX 002998				
(a) .	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (0)	Multing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	MIAMI, FL 33122				
		L1400	00008525		
	Date of filing/registration in Florida	4.	Document number		
(a)	LEGALINC CORPORATE SERVICES INC.				
	Registered Agent and Registered Office shown on the records of the	he Fiorida Dept. of	State: FS 2		
	5237 SUMMERLIN COMMONS BLVD STE	State: SECRE A			
	Registered Office Address MUST BE FLORIDA STREET A				
			SSS 7		
	FORT MYERS FI	33907	SECTO AT		
		<u>්ට</u> ී. වී			
	ROCKET LAWYER CORPORATE SERVICE				
	linter name of NEW Registered Agent and/or NEW Registered	75			
	155 OFFICE PLAZA DRIVE, 1ST FLOOR				
	NEW Registered Office Address:				
	TALLAHASSEE, FL	32301	_ 		
e cha unt i	imited liability company is not organized under the lavenge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited linere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	ws of the State of the registered of ability company of the limited list	it is hereby confirmed that the change(s) ability company or as otherwise provided in y company.		
<u> </u>	nure of a member or authorized representative of a member		Printed or typed name of signee		
here	the accept hy appointment as registered agent and agrificant of all datutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered affice address. It is my fine of this change.	P 4. 1	s capacity. I further agree to comply with the finy duties, and I am familiar with and acce		
pt nati	ale of Registered Agent				
	Division of Corporations • P.O.	Box 6327+ Tal	lahassee, FL 32314		