

L14000027579

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

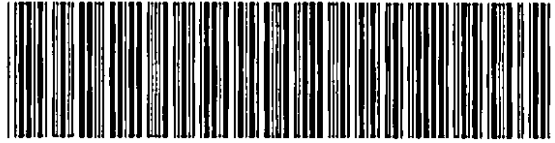
(Document Number)

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Certificates of Status _____

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2019 MAY 13 PM 6:16

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ALBRITTON

COVER LETTER

TO: Registration Section
Division of Corporations

Turning Point Distribution, LLC

SUBJECT: _____
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:

Dawn Foster

Name of Person

Turning Point Distribution LLC

Firm/Company

5224 W State Road 46 #303

Address

Sanford, FL 32771

City/State and Zip Code

dawn@turningpointdistribution.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Dawn Foster 888-661-5579

Name of Person at (_____) _____
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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 26, 2019

DAWN FOSTER
5224 W. STATE ROAD 46 #303
SANFORD, FL 32771

SUBJECT: TURNING POINT DISTRIBUTION, LLC
Ref. Number: L14000027579

We have received your document for TURNING POINT 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):

You failed to list the new registered agent in the space provided.

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) 245-6050.

Irene Albritton
Regulatory Specialist II

Letter Number: 919A00008424

RECEIVED

2019 MAY 13 PM 12:48

STATE OF FLORIDA
TALLAHASSEE

**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.

1. Name of the limited liability company: Turning Point Distribution, LLC

2. (a) _____ (b) _____

Principal office address of limited liability company:

Mailing address of limited liability company:

(Note: MUST BE STREET ADDRESS)

(Note: MAY BE POST OFFICE BOX)

5224 W State Road 46, #303

5224 W State Road 46, #303

Sanford, FL 32771

Sanford, FL 32771

04/12/2019

L14000027579

3. Date of filing/registration in Florida

4. Document number

Dawn Foster

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

Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*

445 Specialty Point

Sanford, FL 32771

(b) Dawn Foster

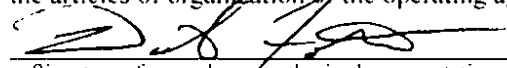
Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Office Address:

5224 W State Road 46, #303

Sanford, FL 32771

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.

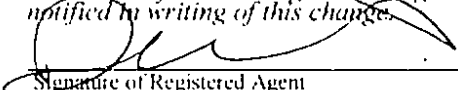


Signature of a member or authorized representative of a member

David Foster

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 605, 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.


Signature of Registered Agent

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