114000 142308

(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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SEP 1 6 2019 S. YOUNG



CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Katie Boese katie.thomas@cscglobal.com

Date: September 4, 2019

Order#: 892175/080

Re: NEWARK DISTRIBUTIONS, LLC

Enclosed please find:

XX Check in the amount of \$25.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Return Regular Mail in the enclosed envelope.

Attn:Katie THOMAS c/o Corporation Service Company 251 Little Falls Drive Wilmington, DE 19808

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

INCA.XCOA

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.	Na	ame of the limited liability company: NEWARK DIST	TRIBUTIO	NS, LLC			
2	(a)	6751 FORUM DRIVE SUITE 200	(b)	6751 F	6751 FORUM DRIVE SUITE 200		
	(2)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(~.	·	Mailing address of limite (Note: MAY BE POS	ed liability company:	
		ORLANDO, FL 32821		ORLAND	ORLANDO, FL 32821		
		09/11/2014		L14000142308			
3.		Date of filing/registration in Florida	4.		Document number		
5	(2)	BUSINESS FILINGS INCORPORATED					
5.	(a)	Registered Agent and Registered Office shown on the records of	the Florida	Dept. of State	- e:		
		1200 SOUTH PINE ISLAND					
		Registered Office Address (MUST BE FLORIDA STREET	ADDRESS		-	in in	
		<u></u>		•			
					-	33	
		PLANTATION .FI	33324		_		
	(b)	Corporation Service Company			-		
		Enter name of NEW Registered Agent and/or NEW Registered	d Office add	lress:		- · ·	
		1201 Hays Street			-		
		NEW Registered Office Address:					
					-		
		Tallahassee F[_ 32301				
					-		
the age wa	cha ent v s/we	imited liability company is not organized under the lainge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	f the regis lability co of the limi	tered office mpany, it is ited liability	e and the business o s hereby confirmed y company or as oth	ffice of the registered that the change(s)	
		/s/ Marc G. Baumann	Marc	G. Bauma	nn, Manager		
S	igna	ture of a member or authorized representative of a member	-		Printed or typed name	of signee	
pro the to i	ovisi Obl mere	by accept the appointment as registered agent and age ons of all statutes relative to the proper and complete igations of my position as registered agent as provide ely reflect a change in the registered office address, I d'in writing of this change.	r nerforma	ince of my i	duties, and I am fan	uliar with and accept	
		Droce Tribly	DV C	r		•	
Sig	gnatu	re of Registered Agent Corporation Service Company	BY: Gr	ace E. Kir	rby, Asst. Vice Pro	esident	

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