

4/25/2016 3:23:34 PM To: 8506176383(1/4)

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : C T CORPORATION SYSTEM
Account Number : PCA000000023
Phone : (850)205-8842
Fax Number : (850)878-5368

RE-SUBMIT
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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

LLC REGISTERED AGENT CHANGE
LK DISTRIBUTORS, LLC

Certificate of Status	0
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Page Count	1804
Estimated Charge	\$25.00

Attn: Justin
Sulker

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TALLAHASSEE, FLORIDA

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APR 29 2016

Y SULKER

4/28/2016 3:21:34 PM From: To: 8506176383(2/4)
850-617-6381 4/28/2016 8:36:51 AM PAGE 1/001 Fax Server



April 26, 2016

FLORIDA DEPARTMENT OF STATE
Division of Corporations

LK DISTRIBUTORS, LLC
PO BOX 40606
JACKSONVILLE, FL 32203

SUBJECT: LK DISTRIBUTORS, LLC
REF: L15000094136

RE-SUBMIT
Please retain original filing
date of submission 4/25

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The registered agent must sign accepting the designation.

Section 605.0203(1)(b), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

If you have any further questions concerning your document, please call (850) 245-6051.

Justin M Shivers
Regulatory Specialist III
Registration/Qualification Section

FAX Aud. #: H16000101576
Letter Number: 216A00008525

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LK DISTRIBUTORS, 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:

Tammy Tofteroo

Name of Person

C T Corporation

Firm/Company

3 Winners Circle, Suite 301

Address

Albany, NY 12205

City/State and Zip Code

mbrown@ntlaw.com

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

For further information concerning this matter, please call:

Tammy Tofteroo

at (844) 477-4098

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

INHS18 (2/14)

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: LK DISTRIBUTORS, LLC

2. (a) Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)
1357 W BEAVER ST
JACKSONVILLE, FL 32203

(b) Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)
PO BOX 40606
JACKSONVILLE, FL 32203

3. 05/29/2015 Date of filing/registration in Florida 4. L15000094136 Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
PEEK, DAVID H
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
1301 RIVERPLACE BLVD #1500
JACKSONVILLE, FL 32207

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:
C T Corporation System
NEW Registered Office Address:
1200 South Pine Island Road
Plantation, FL 33324

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.

Kimberly Steinmetz Kimberly Steinmetz
Signature of a member or authorized representative of a member Printed or typed name of signer

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.

By: C T Corporation System Jenifer Vincent Jenifer Vincent
Signature of Registered Agent Vice President and Assistant Secretary

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

INHS18 (2/14)