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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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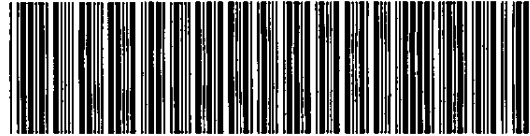
(Business Entity Name)

(Document Number)

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16 MAY 13 PM 12:17  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MAY 16 2016  
J SHIVERS

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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 27, 2016

ARTEM KALUS  
3340 NW 190TH ST APT 802  
AVENTURA, FL 33180

SUBJECT: PRIME GLOBAL DISTRIBUTION, LLC  
Ref. Number: L15000160036

We have received your document for PRIME GLOBAL DISTRIBUTION, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return the corrected original and one copy of 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.

Justin M Shivers  
Regulatory Specialist III  
Registration/Qualification Section

Letter Number: 416A00008680

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

SUBJECT: **PRIME GLOBAL DISTRIBUTION LLC**  
Name of Corporation

DOCUMENT NUMBER: **L15000160036**

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

**ARTEM KALUS**

Name of Contact Person

**PRIME GLOBAL DISTRIBUTION LLC**

Firm/Company

**3340 NE 190TH ST APT 802**

Address

**AVENTURA FL 33180**

City/State and Zip Code

**KALUSARTEM@GMAIL.COM**

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

For further information concerning this matter, please call:

**ARTEM KALUS**

Name of Contact Person

**786 683-9518**

at (

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**

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

**Street Address:**

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**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: PRIME GLOBAL DISTRIBUTION LLC
2. (a) PRIME GLOBAL DISTRIBUTION LLC (b) PRIME GLOBAL DISTRIBUTION LLC

Principal office address of limited liability company:

(Note: MUST BE STREET ADDRESS)

3340 NE 190TH ST APT 802

AVENTURA FL 33180

Mailing address of limited liability company:

(Note: MAY BE POST OFFICE BOX)

3340 NE 190TH ST APT 802

AVENTURA FL 33180

3. 09/21/2015  
Date of filing/registration in Florida

4. L1500016 0036  
Document number

5. (a) UNITED STATES CORPORATION AGENTS, INC.

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

13302 WINDING OAK COURTA

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

TAMPA, FL 33612

- (b) ARTEM KALUS

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

3340 NE 190TH ST APT 802 AVENTURA FL 33180

NEW Registered Office Address:

3340 NE 190TH ST APT 802

Aventura, FL 33180

16 MAY 13 PM 12:17  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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]  
Signature of a member or authorized representative of a member

Olga Bixby  
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]  
Signature of Registered Agent