

**L18 0000 20304**

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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COMMUNICATIONS

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Nationwide Vending + Distribution 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:

Helen Moskowitz  
Name of Person

Moskowitz Firm  
Firm/Company

5886 Conroy Rd  
Address

Orlando, FL 32835  
City/State and Zip Code

Hmoskowitz@FirmLvy.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Helen Moskowitz at (501) 751-8113  
Name of Person Area Code & Daytime Telephone Number

**Mailing Address:**

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

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

**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: Nationwide Vending + Distribution LLC

2. (a) 761 Tulip Circle (b) 761 Tulip Circle  
Principal office address of limited liability company: Mailing address of limited liability company:  
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)

Weston FL 33327 Weston FL 33327

3. 3/20/20 4. L28000020304  
Date of filing/registration in Florida Document number

5. (a) Edward Conza  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
761 Tulip Circle Weston FL 33327  
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

FL

(b) Helen Muskantz  
Enter name of NEW Registered Agent and/or NEW Registered Office address:  
5886 Conroy Rd  
NEW Registered Office Address:

Orlando FL 32385

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.

Helen Muskantz  
Signature of a member or authorized representative of a member 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

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