

L190000153304

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

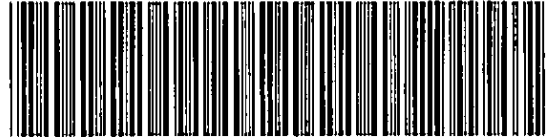
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06/19/22--01004--001 **25.00

01/17/23--01003--005 **20.00

2023 JAN -9 AM 9:19

JAN 30

S. PRATHER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BALDIN DISTRIBUTOR 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:

PRISCILLA BALDIN
Name of Person

BALDIN DISTRIBUTOR LLC.
Firm/Company

6445 NE 7th AVE, SUITE 311 S
Address

MIAMI, FL 33138
City/State and Zip Code

PBALDIN@ME.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

PRISCILLA BALDIN at (305) 803-0071
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

INHS18 (2/14)

\$35.00 ALREADY SENT ON OCTOBER, 22, 22

pending remaining \$20.00 w/ this transaction



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 30, 2022

BALDIN DISTRIBUTOR LLC
6445 NE 7TH AVE, 311 S
MIAMI, FL 33138

SUBJECT: BALDIN DISTRIBUTOR LLC
Ref. Number: L19000153304

We have received your document for BALDIN DISTRIBUTOR 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):

The form you submitted is for a CORPORATION, but your entity is a FLORIDA LLC. Please complete and return the enclosed blank form(s).

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

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) 245-6939.

Stacy Prather
Regulatory Specialist III

Letter Number: 522A00026382

2022 JAN -9 PM 12:43

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: BALDIN DISTRIBUTOR LLC

2. (a) 6445 NE 7th AVE (b) 6445, NE 7th AVE
 Principal office address of limited liability company: Mailing address of limited liability company:
 (Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)

SUITE, 3115 SUITE, 3115
MIAMI FL 33138 MIAMI FL 33138

3. 06/10/2019 4. EIN # 84-2159210
 Date of filing/registration in Florida Document number

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

LEGAL INC, CORPORATE SERVICES INC.
 Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
5237 SUMMERLIN COMMONS, SUITE 400
FORT MYERS, FL 33907 FL 33907

(b) BALDIN DISTRIBUTOR LLC / PRISCILLA BALDINI
 Enter name of NEW Registered Agent and/or NEW Registered Office address:

6447 NE 7th AVE, SUITE 3115
NEW Registered Office Address:
MIAMI FL 33138

2019 JAN -9 AM 9:19

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

PRISCILLA BALDINI
 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.

[Signature]
 Signature of Registered Agent