

L19000249663

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

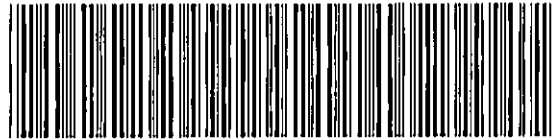
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Certified Copies _____

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20 JAN - 8 11 20 AM
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2020 JAN - 8 AM 9:54
SECRETARY OF STATE
TALLAHASSEE, FL

O SIMMONS

JAN - 9 2020

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 076418 8286168

AUTHORIZATION



COST LIMIT : \$25.00

ORDER DATE : December 5, 2019

ORDER TIME : 11:21 AM

ORDER NO. : 076418-005

CUSTOMER NO: 8286168

CHANGE OF AGENT

NAME: LEI-DINA DISTRIBUTION LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY

CONTACT PERSON: Kadesha Roberson -- EXT#62980

EXAMINER: _____

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: LEI-DINA DISTRIBUTION LLC

2. (a) 4475 DICKENS AVENUE (b) 4475 DICKENS AVENUE
Principal office address of limited liability company: Mailing address of limited liability company:
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)
TITUSVILLE, FL 32780 TITUSVILLE, FL 32780

3. 09/30/2019 4. L19000245663
Date of filing/registration in Florida Document number

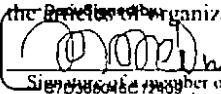
5. (a) CORPORATION SERVICE COMPANY
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

1201 HAYS STREET
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
TALLAHASSEE, FL 32301

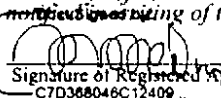
(b) Maria Medina
Enter name of NEW Registered Agent and/or NEW Registered Office address:

4475 Dickens Avenue
NEW Registered Office Address:
TITUSVILLE, FL 32780

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 Incorporation~~ organization or the operating agreement of the limited liability company.

 Maria Medina
Signature of 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 by filing of this change.

 Maria Medina
Signature of Registered Agent C7D368046C12409

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

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