

10/6/2020

Division of Corporations

H20000347182 3

Florida Department of State

RESUBMIT. Please use

Division of Corporations

original file date 10/6/2020

## Electronic Filing Cover Sheet

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To:

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

From:

Account Name : CORPORATION SERVICE COMPANY  
Account Number : 120000000195  
Phone : (850)521-0821  
Fax Number : (850)558-1515

**\*\*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  
PBI WALLIS DISTR. LLC**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

Y. SULKER

OCT 14 2020

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COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: PBI WALLIS DISTR. 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:

Irene Spinelli

Name of Person

The Westwood Companies, Inc.

Firm/Company

687 Old Willets Path, Suite C

Address

Hauppauge, NY 11788

City/State and Zip Code

Irene@west-rac.com

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

For further information concerning this matter, please call:

Irene spinelli

631

435-1818

at ( )

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

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# 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: PBI WALLIS DISTR. LLC

2. (a) Principal office address of limited liability company  
(Note: MUST BE STREET ADDRESS)  
687 Old Willets Path, Suite C  
Hauppauge, NY 11788

(b) Mailing address of limited liability company  
(Note: MAY BE POST OFFICE BOX)  
687 Old Willets Path, Suite C  
Hauppauge, NY 11788

3. MAY 5, 2020 Date of filing/registration in Florida

4. L20000120930 Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State  
PARACORP INCORPORATED  
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  
155 OFFICE PLAZA DRIVE, 1ST FLOOR  
TALLAHASSEE, FL 32301

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address  
Corporation Service Company  
NEW Registered Office Address  
1201 Hays Street  
Tallahassee, FL 32301

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.

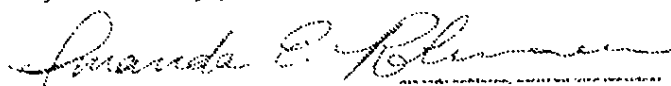
/s/Christine Konefal

Christine Konefal

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.



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

FILED  
2020 OCT 13 PM 3:17  
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