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COVER LETTER

Division of Corporations				
J&J Merchandise Distributors, LI SUBJECT:	I.C			
SOBJEC1:	Name of Limited Li	ability Company		
Dear Sir or Madam:				
The enclosed Registered Agent/Registered C	Office Change and	fee(s) are submitted for filing.		
Please return all correspondence concerning	g this matter to the f	following:		
Aaron Cobb				
Name of Person		_ _		
J&J Merchandise Distributors, LLC				
Firm/Company		_		
13071 Burns Drive				
Address				
Odessa FL 33556				
City/State and Zip Cod	e			
jjmerchandiselle@yahoo.com				
E-mail address: (to be used for future :	annual report notifi	cation)		
For further information concerning this matter	ter, please call:		Ø - 3	
Aaron Cobb	912 at (220-9145	13.0	, 4.
Name of Person	ar (Area Code & Daytime Telephone Nun	nber . 🕹	
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	PH 4: 48	
Enclosed is a check for the follow	ing amount:			
■ \$25 Filing Fee	□ \$ <u>5</u>	55 Filing Fee & Certified Copy		
INHS18 (2/14)				

* 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. Na	ame of the limited liability company:	Distribu	nor	s, LLC		
2. (a)	13071 Burns Drive (b) 13071 Burn				Burns Drive	
(,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_	,		•	limited liability company: EPOST OFFICE BOX)
	Odessa FL 33556		,	Odessa F	1, 33556	
	12/08/2023		1.	2300054	4720	
3.	Date of filing/registration in Florida	4,	_		Document nun	nber
5. (a)						
,	Registered Agent and Registered Office shown on the records of	the Flori	da I	Pept, of St	tate:	
	INC AUTHORITY RA					Ø ≥
	Registered Office Address (MUST BE FLORIDA STREET). 390 NORTH ORANGE AVE., STE 2300-N	<u> 4DDRE.</u>	<u>SS)</u>			74 0EC -
	ORLANDO , FL	32801			_ _	u
(b)						
(0)	Enter name of NEW Registered Agent and/or NEW Registered	Office	ıddı	<u>1888</u> ;		STATE
	Aaron Cobb					
	NEW Registered Office Address:			_		
	13071 Burns Drive					
	Odessa, FL	33556				
If the I	imited liability company is not organized under the lay	vs of th	ie S	tate of F	— Florida, it is hereb	by confirmed that after the
igent v was/we	or changes are made, the Florida street address of the will be identical. Or, in the change a Florida limited had ere authorized by an affirmative vote of the members of cless of organization or the operating agreement of the	ability of the li	con mit	ipany, it ed liabil bility co	is hereby confire lity company or a ompany.	ned that the change(s) s otherwise provided in
	Dente Cin	_		Je:		Copp
	ture of a member or authorized representative of a member				Printed or typed i	
l here provisi the obl to merc potifica	by accept the appointment as registered agent and agr ions of all statutes relative to the proper and complete ligations of my position as registered agent as provided ely reflect a change in the registered office address, I h d in writing of this change.	ee to ac perform d for in hereby	ct ii nan Ch con	n this ca ice of mi apter 60 firm tha	pacity. I further y duties, and I am 95, F.S. Or, if thi it the limited liahi	agree to comply with the I familiar with and accept is document is being filed ility company has been
<u> </u>	and Car					
Signatu	re of Registered Agent					