MU2000001152

(Requestor's Name)					
(Address)					
(Ad	dress)				
(Cit	y/State/Zip/Phone	e #)			
PICK-UP	☐ WAIT	MAIL			
(Bu	siness Entity Nar	ne)			
(Document Number)					
Certified Copies	_ Certificates	s of Status			
Special Instructions to Filing Officer:					
		,			

Office Use Only



100156942911

PARTS CORPORATION OF LURIS NATE OF STATE OF STAT

FILED

9 JUN 18 PM 1: 35

SECRETARY OF STATE

SECRETARY OF STATE

B. KOHR

JUN 1 8 2009

EXAMINER



CORPORATION SERVICE COMPANY ACCOUNT NO. : I2000000195

REFERENCE: 032261

7508018

AUTHORIZATION : (

COST LIMIT :

ORDER DATE: June 10, 2009

ORDER TIME : 9:26 AM

ORDER NO. : 032261-026

CUSTOMER NO: 7508018

CHANGE OF AGENT

NAME: JANUS DISTRIBUTORS LLC

PLEASE	RETURN	THE	FOLLOWING	AS	PROOF	OF	FILING

_ CERTIFIED COPY XX ___ PLAIN STAMPED COPY

CONTACT PERSON: Susie Knight

EXAMINER'S INITIALS:

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, 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: JANUS DIS	TRIBUTORS LLC	
2. (a) Principal office address of (Note: MUST BE STR.)		y: 151 Detroit Street Denver, CO 80206	
(b) Mailing address of limite (Note: MAY BE POST		151 Detroit Street Denver, CO 80206	
04/29/2002		M02000001152	E T
3. Date of filing/registration in I	Florida	4. Document number	The same of the
5. (a) Registered Agent and Re	gistered Office shown on	the records of the Florida De	ept. of State!
Registered Agent:		C T Corporation System	n gr
Registered Office Addres	ss:	1200 South Pine Island Plantation, FL 33324	Road
(b) Enter name of <u>NEW Reg</u> <u>NEW</u> Registered Agent:	<u>tistered Agent</u> and/or <u>NE</u>	W Registered Office address Corporation Service Co	_
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)		1201 Hays Street	
medi bei eombii	TREET TIDDITESSY	Tallahassee	,FL_32301
If the limited liability company i that after the change or changes office of the registered agent wil hereby confirmed that the chang liability company or as otherwise limited liability company.	are made, the Florida stree I be identical. Or, in the c	t address of the registered of ase of a Florida limited liabil	ffice and the business lity company, it is
(Signature of a member or authorized repre	sentative of a member)	-	
Maureen Cullen, Attorney i (Printed or typed name of signee)		_	
I hereby accept the appointment comply with the provisions of all am familiar with and accept the F.S. Or, if this document is being confirm that the limited liability to provide Corporation Service Corporation	10/44A		I further agree to nce of my duties, and I ded for in Chapter 608, ce address, I hereby
(Signature of Registered Agent) Miche	lle Rayannov Asst V	TD	

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

INHS18 (05/08)