

MU8UW02838

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

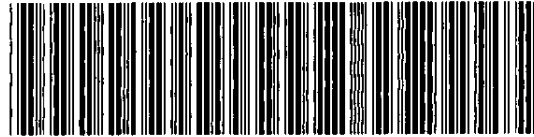
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AUG 10 2011
EXAMINER



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RECEIVED
11 AUG - 9 PM 4:16
DEPT. OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED
11 AUG - 9 AM 8:23
SECRETARY OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 874098 4372680

AUTHORIZATION

COST LIMIT : \$ 25.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 AUG -9 AM 8:23

ORDER DATE : August 9, 2011

ORDER TIME : 2:50 PM

ORDER NO. : 874098-020

CUSTOMER NO: 4372680

CHANGE OF AGENT

NAME: RD AMERICA, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Stephanie Milnes

EXAMINER'S INITIALS: _____

RECEIVED
11 AUG -9 PM 4:13
DEPT. OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: RD America, 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:

Brian E. Emmert

Name of Person

c/o Restaurant Depot, LLC

Firm/Company

15-24 132nd Street

Address

College Point, NY 11356

City/State and Zip Code

bemmert@jetrord.com

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

For further information concerning this matter, please call:

Brian E. Emmert

Name of Person

at (718)

762-8700

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

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 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: RD America, LLC

2. (a) Principal office address of limited liability company: 15-24 132nd Street

(Note: **MUST BE STREET ADDRESS**) College Point, NY 11356

(b) Mailing address of limited liability company: 15-24 132nd Street

(Note: **MAY BE POST OFFICE BOX**) College Point, NY 11356

6/16/2008

3. Date of filing/registration in Florida

M08000002838

4. Document number

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

Registered Agent: Michael Sax

Registered Office Address: 2041 NW 12th Avenue
Miami, FL 33127

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

NEW Registered Agent: Registered Agents Legal Services, LLC

NEW Registered Office Address: 155 Office Plaza Drive
(MUST BE FLORIDA STREET ADDRESS) Suite A
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.

Brian E. Emmert
Signature of a member or authorized representative of a member

Brian E. Emmert, CFO of 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 608, 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.

Michael Sax
Signature of Registered Agent

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00