M14000001442

(Requestor's Name)
(Address)
(Address)
(Address)
(City/State/Zip/Phone #)
(Orty/State/Zip/Filone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Basiless Elliky Hame)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
· ·

Office Use Only



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RECEIVED

2024 NOV 21 PM 3: 20

CSC - Tallahassee
CSC 1201 Hays Street
Tallahassee, FL 32301-2607
850-558-1500, Ext: x62969

To: Department Of State, Division Of Corporations

From: Amanda Miller

Ext: x62969 Date: 11/21/24 Order #: 1692641-1

Re: National Distribution Centers, LLC

Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Amount to be deducted from our State Account: \$25.00 - FL State Account Number: 120000000195

Please take the following action: File in your office on basis Issue Proof of Filing

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

COVER LETTER

TO:			Section Corporations			
SUBJI	ECT:	Nation	al Distribution Centers, LLC			
			Name of Foreig	n Limited Liab	oility Con	npany
Dear S	ir or N	1adam:				
The en	closed	applic	ation, certificate and fee(s)	are submitted	for filing	
Please	return	all cor	respondence concerning th	is matter to the	followin	g:
Chief L	egal C	Officer			_	
			Name of Person			
Nation	al Dist	ibution	Centers, LLC			
			Firm/Company			
2 Coop	oer Str	eet, 10t	h Floor			
			Address		_	
Camde	en, NJ	08102				
			City/State and Zip Cod	e	_	
nfilega	l@nfiir	dustrie	s.com			
E-m	ail ado	lress: (1	o be used for future annua	report notifica	ition)	
For fur	ther in	ıformat	ion concerning this matter,	, please call:		
				_ at (
		Nam	ne of Person	Area Code	& Dayti	me Telephone Number
	Maili	ng Addr	<u>'ess:</u>		Street Ac	
			Section			ation Section
Division of Corporations				Division of Corporations		
P.O. Box 6327 Tallahassee, FL 32314			The Centre of Tallahassee			
	I alla	nassee	, FL 32314			. Monroe Street, Suite 810 ssee, FL 32303
	Encl	osed is	a check for the following	amount:		
□ \$ 25			☐ \$30 Filing Fee & Certificate of Status	☐ \$55 Filing Certified (☐ \$60 Filing Fee, Certificate of Status &
CR2E05	5 (9/15)				• -	Certified Copy

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appear	ars on the records of the Florida Department of
State: National Distribution Centers, LLC	
Enter new principal office address, if applicable:	7. 20 24
(Principal office address MUST BE A STREET ADDRESS)	ZOZ4 NOV 2
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	AM O: LO
2. The Florida document number of this limited li	iability company is: M14000001442
3. Jurisdiction of its organization: Delaware	
4. Date authorized to do business in Florida: 03	/04/2014
SECTION II (5-9 complete only the applicable	changes)
New name of the limited liability company:(mu	st contain "Limited Liability Company, " "L.L.C.," or "LLC.")
(If name unavailable, enter alternate name adopte copy of the written consent of the managers or manust contain "Limited Liability Company," "L.L.	od for the purpose of transacting business in Florida and attach a anaging members adopting the alternate name. The alternate name .C." or "LLC.")
6. If amending the registered agent and/or registered agent and/or the new registered office a	red officer address on our records, enter the name of the new address here:
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida Street Address
	Enter Florida Street Address
	, Florida
	City Zip Code
the provisions of all statutes relative to the proper and accept the obligations of my position as regis	ent and agree to act in this capacity. I further agree to comply with r and complete performance of my duties, and I am familiar with stered agent as provided for in Chapter 605, F.S. Or, if this e in the registered office address, I hereby confirm that the limited

If Changing Registered Agent, Signature of New Registered Agent

itle/ Capacity	Name	Address	Type of Action
Officer	Sidney R. Brown	2 Cooper Street, 10th Floor	\equiv \equiv Add
		Camden, NJ 08102	□Remov
Officer	Irwin J. Brown	2 Cooper Street, 10th Floor	■Add
		Camden, NJ 08102	□Remov
Officer	Jeffrey S. Brown	2 Cooper Street, 10th Floor	\(\beta\) Add
		Camden, NJ 08102	□Remov
Officer	Kevin Patterson	2 Cooper Street, 10th Floor	⊟Add
		Camden, NJ 08102	□Remov
	SEE ATTACHED		□Add
aforemention	Signat	ated by the official having custody of records	TAULAHASSEE, FLORIDA

ATTACHED TO AND MADE A PART OF APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

NATIONAL DISTRIBUTION CENTERS, LLC

Title/ Capacity	Name	Address	Type of Action
Officer	Steven S. Grabell	2 Cooper Street, 10 th Floor	⊡Add
		Camden, NJ 08102	□Remove
Officer	Scott E. Brucker	2 Cooper Street, 10 th Floor	⊡Add
		Camden, NJ 08102	□Remove
Officer	Stephen Dolchanczyk	2 Cooper Street, 10 th Floor	⊡Add
		Camden, NJ 08102	□Remove
Officer	Jennifer Borzi	2 Cooper Street, 10 th Floor	⊡Add
		Camden, NJ 08102	□Remove
Manager	Jeffrey S. Brown	2 Cooper Street, 10 th Floor	□Add
		Camden, NJ 08102	θ Remove
Manager	Sidney R. Brown	2 Cooper Street, 10 th Floor	□Add
		Camden, NJ 08102	θ Remove

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