Page 2 of 9

4/19/2018



Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

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Enter the email address for this business Entity to be used for future annual report mailings. Enter only one email address please.

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DECLY

LLC REGISTERED AGENT CHANGE S-L DISTRIBUTION COMPANY, LLC

Certificate of Status	0
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Estimated Charge	\$55.00

Electronic Filing Menu

Corporate Filing Menu

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B FIGUEROA

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.

i. Na	ame of the limited liability company: S-L Distribution C	onipai	ny,	rrc	
				1,21	
(w)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	₹.,		rense de la	Mailing address of limited liability company: (Nate: MAYBE POST OFFICE BOX)
	13515 BALLANTYNE CORPORATE PL.		2	⁵⁰ 13515 BAI	LLANTYNE CORPORATE PL.
	CHARLOTTE, NC 28277	- -		CHARLO	TTE, NC 28277
	02/20/2017		À	M17000001	1537
3.	Date of filing/registration in Florida	4.			Document number
5. (a)	REGISTERED AGENT SOLUTIONS, INC.				
J. (u)	Registered Agent and Registered Office shown on the records of the	ne Flor	rida	Dept. of State	SECRETY DIVISION O 19 APR
	Registered Office Address MUST BE FLORIDA STREET A	DDRE	:SS	2	PR REF
	155 OFFICE PLAZA DRIVE, SUITE A				5 72 F
	TALLAHASSEE EL 3	32301			
	, , ,				
(b)					STATIONS RATIONS
	Enter name of NEW Registered Agent and/or NEW Registered C	Office :	add	ress:	
	C T Corporation System	 :	() 49	Anna anna ' Bearli	_
	NEW Registered Office Address:			:	_
	1200 South Pine Island Road				_
	Planation	33324	4		
	, rL_			<u> </u>	-
the cha agent v was/we	imited liability company is not organized under the lawsinge or changes are made, the Florida street address of a vill be identical. Or, in the case of a Florida limited liabere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the liabers.	he repolity	gie coi limi	rered office mpany, it is ited liabilit	e and the business office of the registered s hereby confirmed that the change(s) y company or as otherwise provided in
	1/2	Je	enni	ifer Kurz	
1.	fre of a member or authorized representative of a member				Printed or typed name of signee
; cac	by accept the appointment as registered agent and agretions of all statutes relative to the proper and complete pigations of my position as registered agent as provided elly reflect a change in the registered office address, I had in writing of this change. James M. Halpin orporation System Assistant Secretary re of Registered Agent.	e to a perfor I for it prehy	act rma n C	in this cap ance of my Chapter 603 onfirm that	acity. I further agree to comply with the duties, and I am familiar with and accep, S, F.S. Or, if this document is being filed the limited liability company has been
	Division of Corporations P.O. Bo	ox 63	ن 25	Tallahas	ssee, FL 32314

FILING FEE: \$25

INHS18 (2/14)