

N100000003320

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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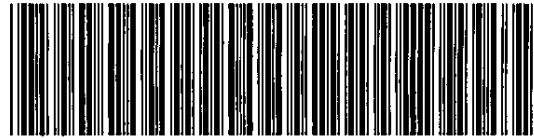
(Business Entity Name)

(Document Number)

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17 MAY -1 PM 3:57
SECRETARY OF STATE
DIVISION OF CORPORATIONS

MAY 08 2017
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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: PROFESSIONAL ASSOCIATION FOR INDEPENDENT
Name of Corporation DISTRIBUTORS, INC.

DOCUMENT NUMBER: N1 000000 3320

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Cheryl Clinton

Name of Contact Person

Firm/Company

4480 Deerwood Lake Plany Unit 146

Address

Jacksonville, FL 32216

City/State and Zip Code

clc0cp@comcast.net

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

For further information concerning this matter, please call:

Cheryl Clinton

Name of Contact Person

at (904) 683-4344

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR
BOTH FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of _____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: PROFESSIONAL ASSOCIATION FOR INDEPENDENT DISTRIBUTORS, INC.
2. The principal office address: 6174 Traveler Court
Stone Mountain, GA 30087
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 4/2/2010 Document number: N10000003320

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

JOHN MICALIZIO
9054 CHRYSANTHEMUM DR
BOYNTON BEACH, FL 33472

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Cheryl Clinton
4480 Deerwood Lake Pkwy #146
P.O. Box NOT acceptable
JACKSONVILLE, FL 32216

17 MAY - 1 PM 3:58
DIVISION OF CORPORATIONS
SECRETARY OF CORPORATIONS

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.


Signature of an officer or director

PRESIDENT
Printed or typed name and title

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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.


Signature of Registered Agent

4-26-17
Date

If signing on behalf of an entity:

Typed or Printed Name

*** FILING FEE: \$35.00 ***