

AUG-25-11 03:17PM FROM-

T-821 P.01/03 F-739

PD10000008313

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6380

From:

Account Name : AKERMAN SENTERFITT - TAMPA
Account Number : I20000000249
Phone : (813) 223-7333
Fax Number : (813) 223-2837

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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**REGISTERED AGENT CHANGE
CORPORATE DISTRIBUTION SERVICES, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: CORPORATE DISTRIBUTION SERVICES, INC.
Name of Corporation

DOCUMENT NUMBER: P01000008313

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:

BRADFORD L. BARTHOLOMEW
Name of Contact Person

CORPORATE DISTRIBUTION SERVICES, INC.
Firm/Company

235 APOLLO BEACH BLVD., SUITE 304
Address

APOLLO BEACH, FL 33572
City/State and Zip Code

brad7348@hotmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

BRADFORD L. BARTHOLOMEW at (813) 333-3300
Name of Contact Person 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

CR2E045 (8/05)

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**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 FLORIDA in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: CORPORATE DISTRIBUTION SERVICES, INC.
2. The principal office address: 9501 PALM RIVER ROAD, TAMPA, FL 33619
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 01/23/01 Document number: P01000008313

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)

BARTHOLOMEW, BRADFORD L.

9501 PALM RIVER ROAD

TAMPA, FL 33619

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

235 APOLLO BEACH BLVD., SUITE 304


APOLLO BEACH, FL 33572

P.O. Box NOT acceptable

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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 officer or director

BRADFORD L. BARTHOLOMEW

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

8/21/2011
Date

If signing on behalf of an entity:

BRADFORD L. BARTHOLOMEW

Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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