

P01000013592

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

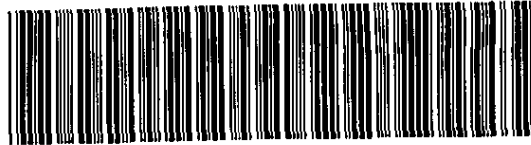
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300279316713

300279316713
11/24/15--01010--021 **35.00

FILED
15 NOV 23 PM 3:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Ra Chang

DEC 1 2015

D CUSHING

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: DIRECT WHOLESALE DISTRIBUTORS CORPORATION
Name of Corporation

DOCUMENT NUMBER: P01000013592

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:

David Daniels

Name of Contact Person

Direct Wholesale Dist Corp

Firm/Company

5600 Airport Blvd, Suite C

Address

Tampa, FL 33634

City/State and Zip Code

david@danielscorporation.com

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

FILED
15 NOV 23 PM 3:13
SECRETARY OF STATE
TALLAHASSEE, FL 32301

For further information concerning this matter, please call:

David Daniels

Name of Contact Person

at (**813**) **~~265-4014~~ 230-6225**
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 Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: DIRECT WHOLESALE DISTRIBUTORS CORPORATION
2. The principal office address: 5600 Airport Blvd, Suite C, Tampa, FL 33618 34

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 02/06/2001 Document number: P01000013592

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)

Daniel F Daniels

4014 Gunn Hwy, Suite 160

Tampa, FL 33618

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

David Daniels

5600 Airport Blvd, Suite C

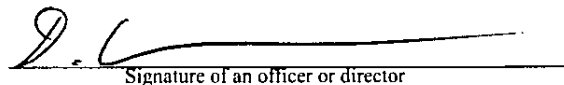
P.O. Box NOT acceptable

Tampa, FL 33634

FILED
15 NOV 23 PM 3:13
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

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

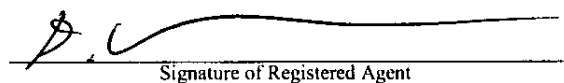
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.


Signature of an officer or director

David Daniels, C.F.O.

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

11/17/15

Date

If signing on behalf of an entity:

David Daniels

Typed or Printed Name

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