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(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phone	⇒ #)
PICK-UP	☐ WAIT	MAIL
(Bı	usiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	Certificates	s of Status
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TRANSMITTAL LETTER

Amendment Section Division of Corporations

TO:

SUBJECT: M& L INTERNET DISTRIBUTION, INC
(Name of corporation)
DOCUMENT NUMBER: POIOOOII4771
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:
(Name of person)
(Name of person)
Ma C INTERNOT DISTAIRUTION, INC. (Name of firm/company)
(Name of firm/company)
4404 Wineo C-
(Address)
(City/state and zip code)
For further information concerning this matter, please call:
(Name of person) at (777) 547-777 (Area code & daytime telephone number)
Enclosed is a \$35.00 check made payable to the Department of State.

Street Address:
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327

Tallahassee, FL 32314

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

	e provisions of sec of change is submit						utes,
	oj change is suomit 2 <u>-4</u> in order to	= =					State
of Florida. 1. The name of	f the corporation:	Mac.	TUTERA	V67 D1	5 7 1 1 R W 7/	on , In	- >< ,
2. The principa	al office address:	4404	Wima	10 CT.			
		New Po	nt RIC	Hol Fr.	34655		
3. The mailing	address (if differer	nt): <i>51</i> 1	ME			<u> </u>	
4. Date of inco	rporation/qualifica	tion: 17/10	0/01	_Document r	number: Po	100011	14331
	nd street address of artment of State:	`the current regi	stered agent	and registered	d office on file	e with the	
	CORPORATIO	N SERVIC	E COM	PANY			- `
	1701				:	- 1	
	THULAN						SECRET Hylsion C 2002 DEC
6. The name a changed):	and street address			(if changed)	and /or regis	stered offic	
		A. Boans				- -	PH 4:
	4404					· ·	135 1704S
		DURT RICH				•	
The street add agent, as chan	ress of its registere ged will be identic	ed office and the	e street addr	ess of the bus	siness office o	of its registe	ered
<i>(</i>)	was authorized by the board, or the c						
(Signature of an office	cer, chairman or vice chairm	nan of the board)	LEON	(Printed or typed	name and title)	PRES_	•
I further agree performance of registered age office address	ot the appointment e to comply with th of my duties, and I ent. Or, if this doc , I hereby confirm	ne provisions of am familiar with nument is being j that the corpor	all statutes	relative to the	e nroner and i	complete -	
four	(Signature of Registered A	gent)		10/23	ate)		-
If signing on beh		- /		`	-		
	(Typed or Printed Name)			(Car	nacity)		-