

PO2000077848

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

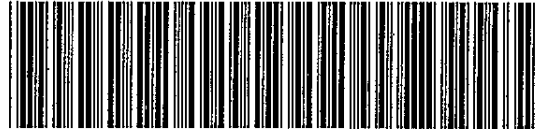
Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Hold for the Chg. of
RA to Be filed.

Office Use Only



800039941938

08/13/04--01025--015 **35.00

FILED
04 SEP 13 PM 2:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RA Chg.

~~Resig. of RA~~

VB

9/14

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT:

Adrian Distributor, Inc
(Name of corporation)

DOCUMENT NUMBER:

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

Please return all correspondence concerning this matter to the following:

Luis Ponce

(Name of contact person)

Adrian Distributor, Inc

(Firm/Company)

16444 SW 294 St

(Address)

Miami FL 33033

(City/state and zip code)

For further information concerning this matter, please call:

Luis Ponce

(Name of contact person)

at

305 245 7128

(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
409 E. Gaines Street
Tallahassee, FL 32399



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

August 31, 2004

LUIS PONCE
ADRIAN DISTRIBUTORS, INC.
16444 SW 294 ST.
MIAMI, FL 33033

SUBJECT: ADRIAN DISTRIBUTORS, INC.
Ref. Number: P02000077848

We have received your document for ADRIAN DISTRIBUTORS, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The person designated as registered agent in the document and the person signing as registered agent must be the same.

The resignation of the registered agent is being held in our pending files pending the filing of the change of registered agent.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6909.

Velma Shepard
Document Specialist

Letter Number: 804A00052926

RECEIVED

04 SEP 13 AM 8:13

DIVISION OF CORPORATIONS

**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: Adrian Distributors, Inc.
2. The principal office address: 16444 SW 294 St
Miami FL 33033
3. The mailing address (if different): _____

4. Date of incorporation/qualification: _____ Document number: _____
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Adrian Ponce
16444 SW 294 St
Miami FL 33033

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

Luis F Ponce (Senior)
16444 SW 294 St
Miami FL 33033
(P.O. Box NOT acceptable)

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.

Adrian Ponce
(Signature of an officer or director)

ADRIAN PONCE - Pres.
(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.

Luis Ponce
(Signature of Registered Agent)

7/30/04
(Date)

If signing on behalf of an entity:

ADRIAN PONCE
(Typed or Printed Name)

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE

04 SEP 13 PM 4
SECRETARY OF STATE
TALLAHASSEE, FLORIDA