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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

(Business Entity Name)

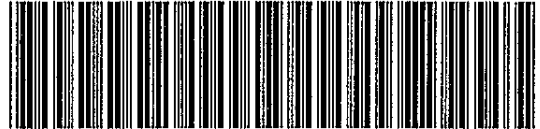
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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9/14

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT:

Adrian Distributor, Inc  
(Name of corporation)

DOCUMENT NUMBER: \_\_\_\_\_

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:

Luis Ponce

(Name of contact person)

Adrian Distributor, Inc

(Firm/Company)

16444 SW 294 St

(Address)

Miami FL 33083

(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

**RESIGNATION OF REGISTERED AGENT  
FOR A CORPORATION**

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

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,  
Florida Statutes, the undersigned, ADRIAN PONCE

(Name of Registered Agent)

hereby resigns as Registered Agent for

ADRIAN DISTRIBUTORS, INC  
(Name of Corporation)

\_\_\_\_\_  
(Document Number, if known)

A copy of this resignation was mailed to the above listed corporation at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which  
this statement is filed.

Adrian Ponce  
(Signature of Resigning Agent)

If signing on behalf of an entity:

ADRIAN PONCE  
(Typed or Printed Name)  
Register Agent  
(Capacity)

**Fee for filing this document:**

\$87.50 - Active corporation

\$35.00 - Administratively dissolved/voluntarily dissolved/  
withdrawn corporation

Make checks payable to Florida Department of State and mail to:  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314