

PO20000089599

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

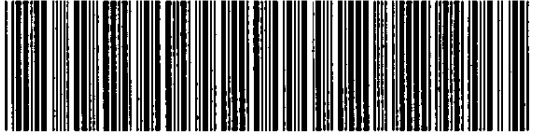
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 OCT 19 AM 8:19

OCT 20 2009



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 9, 2009

JASON MEINERO
JM.DISTRIBUTION, INC.
11110 W. OAKLAND PARK BLVD #282
SUNRISE, FL 33351

SUBJECT: JM.DISTRIBUTION, INC.
Ref. Number: P02000089599

We have received your document for JM.DISTRIBUTION, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

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) 245-6892.

Tina Roberts
Regulatory Specialist II

Letter Number: 609A00032643

RECEIVED
OCT 19 AM 9:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: JM.Distribution, Inc.
Name of Corporation

DOCUMENT NUMBER: P02000089599

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:

Jason Meinero
Name of Contact Person

JM.Distribution, Inc.
Firm/Company

11110 W. Oakland Park Blvd. #282
Address

Sunrise , Fl. 33351
City/State and Zip Code

admin@jmdistribution.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jason Meinero at (866) 306-2563
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

**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: JM.Distribution,Inc.
2. The principal office address: 11110 W. Oakland Park Blvd. #282
Sunrise, Fl. 33351
3. The mailing address (if different): _____

4. Date of incorporation/qualification: August 19 , 2002 Document number: P02000089599

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)

Jason Meinero

19451 Sheridan St. #234

Pembroke Pines, Fl. 33332

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

Jason Meinero

11110 W. Oakland Park Blvd. #282


P.O. Box NOT acceptable

Sunrise, Fl. 33351

09 OCT 19 AM 8:19
DIVISION OF CORPORATIONS
FLORIDA DEPARTMENT 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

Jason Meinero / President
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

October 16 , 2009
Date

If signing on behalf of an entity:

Jason Meinero
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