Division of Corporations Public Access System

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Division of Corporations

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: (850)205-0380

From:

: AKERMAN SENTERFITT - TAMPA Account Name

Account Number : I20000000249 Phone : (813)223-7933 Fax Number : (813)223-2837

REGISTERED AGENT CHANGE

R & W DISTRIBUTION PARTNERS, INC.

Certificate of Status	0
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Corporate Filing Menu

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https://efile.sunbiz.org/scripts/efilcovr.exe

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## STATEMENT OF CHANGE OF REGISTERED OFFICE ( FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statute statement of change is submitted for a corporation organized under the laws of the State of Florida.	da
in order to change its registered office or registered agent, or both, in the State of Florida	r,
The name of the corporation: R & W Distribution Partners, Inc.	
2. The principal office address: 698 Bell Road, Sarasota, FL 34240	
3. The mailing address (if different):	
4. Date of incorporation/qualification: 12/01/2003 Document number: P030001429	925
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:	
Aileen S. Davis	. 0
100 So. Ashley Drive, Ste. 1500	96
Tampa, FL 33602	OG MAY
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):	06 MAY -8 PM 3:
American Information Services, Inc.	<u></u>
401 E. Jackson Street, Suite 1700  (P.O. Box NOT acceptable)	<b>5</b>
Tampa, FL 33602	•
The street address of its registered office and the street address of the business office of its regis as changed will be identical.	stered agent,
Such change was authorized by resolution duly adopted by its board of directors or by an office authorized by the heard, or the corporation has been notified in writing of the change.	oz To
Stuart Meistrich, D (Dignature of air princer of director)  Stuart Meistrich, D (Printed of typed name and title)	·
I hereby accept the appointment as registered agent and agree to not in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete of my duties, and I am familiar with and accept the abligation of my position as registered agen document is being filed merely to reflect a change in the registered office address, I hereby conjugation has been notified in writing of this change.	performance nt. Or, if this firm that the
Strature of Registered Agent) 5-8-06 (Date)	
If signing on behalf of an entity:	
Deborah L. Evans Post Sembary	
* * * FILUNG FEF. 935 nn * * *	

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)