

PO6000006820

(Requestor's Name)

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(Address)

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T. LEMIEUX

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: All N One Distributors Corporation
Name of Corporation

DOCUMENT NUMBER: P06000006820

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:

Nereyda Garcia

Name of Contact Person

All N One Distributors Corporation

Firm/Company

1237 Canyon Way

Address

Wellington, FL 33414

City/State and Zip Code

allnone@bellsouth.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Nereyda Garcia

Name of Contact Person

at (561) 632-9671

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 3, 2015

NEREYDA GARCIA
1237 CANYON WAY
WELLINGTON, FL 33414

SUBJECT: ALL-N-ONE DISTRIBUTORS, CORP.
Ref. Number: P06000006820

We have received your document for ALL-N-ONE DISTRIBUTORS, CORP. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please have the new Registered Agent Krystal R. Astiasran sign the document.

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) 245-6050.

Tracy Lemieux
Regulatory Specialist II

Letter Number: 315A00023271

**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: ALL N ONE DISTRIBUTORS CORPORATION
2. The principal office address: 1237 CANYON WAY, WELLINGTON FL 33414

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 01/17/2006 Document number: P06000006820

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)

NEREYDA CAYADO GARCIA (astiasaran - old last name)

JOSE A. GARCIA (resigned)

1237 CANYON WAY, Wellington, FL 33414

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

KRYSTAL R. ASTIASARAN (added)

1237 Canyon Way, Wellington, FL 33414

P.O. Box NOT acceptable

Hartiasaran

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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.

Harcia
Signature of an officer or director

Nereyda C. Garcia, 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.

Harcia Hartiasaran
Signature of Registered Agent

10/01/2015

Date

If signing on behalf of an entity:

Nereyda Cayado Garcia

Typed or Printed Name

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