

P08000016808

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

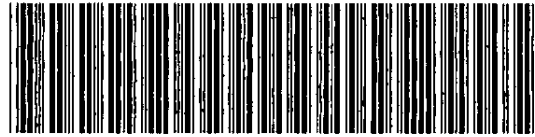
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000131192190

06/12/08--01009--005 **25.00

07/02/08--01015--024 **10.00

FILED
08 JUL - 2 PM 3:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RAchg
CRC
7/2

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: E.A. Distribution Inc.
(Name of Corporation)

DOCUMENT NUMBER: P08000016808

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:

EMMANUEL ALLIEL
(Name of Contact Person)

E.A. Distribution Inc.
(Firm/Company)

22059 US HighWay 19 N
(Address)

Clearwater, FL 33765
(City/State and Zip Code)

For further information concerning this matter, please call:

Emmanuel Alliel at (813) 541-6878
(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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 16, 2008

EMMANUEL ALLIEL
E.A. DISTRIBUTION INC.
22059 US HIGHWAY 19 N
CLEARWATER, FL 33765

SUBJECT: E.A. DISTRIBUTION INC.
Ref. Number: P08000016808

We have received your document for E.A. DISTRIBUTION INC. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

To change the registered agent or registered office, or both, the enclosed form should be completed and returned to this office with a filing fee of \$35.

There is a balance due of \$10.00.

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) 245-6880.

Karen Gibson
Document Specialist Supervisor

Letter Number: 108A00036716

RECEIVED
2008 JUL -2 AM 8:00
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

**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: E.A. Distribution Inc.
2. The principal office address: 22059 US Highway 19 N
Clearwater, FL 33765
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 02/14/2008 Document number: P08000016808
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Emmanuel Alliel

3176 Downing St

Clearwater, FL 33759

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

Emmanuel Alliel

892 Lantern Way

(P.O. Box NOT acceptable)

Clearwater, FL 33765

FILED
08 JUL -2 PM 3:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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, of the corporation has been notified in writing of the change.

(Signature of an officer or director)

Emmanuel Alliel 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)

6-9-2008
(Date)

If signing on behalf of an entity:

(Typed or Printed Name)

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