## P08000083890

<u>,</u>		
(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone #	)
PICK-UP	☐ WAIT	MAIL
(Bi	usiness Entity Name	)
(Do	ocument Number)	
Certified Copies	_ Certificates o	f Status
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SECRETARY OF STATE DIVISION OF CORPORATIONS

## **COVER LETTER**

Division of Corporations		
SUBJECT: ARND Distributors Inc. (Name of Corporation)		
DOCUMENT NUMBER: P0800083890		
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:		
Rolando Zevallos		
(Name of Contact Person)		
ARND Distributors, Inc. (Firm/Company)		
(Firm/Company)		
1728 NW 163 Terrace		
Pembroke Pines Fr 33008 (City/State and Zip Code)		
For further information concerning this matter, please call:		
Ang Maria Veeser at 954, 5577-170  (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

TO:

**Amendment Section** 

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH $\stackrel{\cdot}{\phantom{}_{\sim}}$ 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: A.R.N.D. Distributors Inc.
2. The principal office address: 15/5/ Sheridan Sheet # 158  Davie FL 33331
3. The mailing address (if different):
4. Date of incorporation/qualification: 9-15-08 Document number: POS DOOD 838 9
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)
Rolando Zevallos
1728 NW 163 TR
P. PINES FL 33028
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):  Rolando Zevallos  15751 Sheridan St. #438
15751 Sheridan St. #438 5 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3
Davie to 33331
The street address of its registered office and the street address of the business office of its registered ent, 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)  Kokulo Zovallo S  (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.
Robert Live Clas NOVEM Der 14 2008 (Signature of Registered Agent) (Date)
If signing on behalf of an entity:
(Typed or Printed Name)

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

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