P09 000 030 651

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
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COVER LETTER

ro:	Amendment Section Division of Corporations	
SUBJI Name	FORGED DISTRIBUTING, INC of Corporation	
DOCU	UMENT NUMBER:	
	enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.	
	e return all correspondence concerning this matter to the following:	
IRENI	RE GONZALEZ	
	e of Contact Person GED DISTRIBUTING, INC	
	/Company 2 SW 38th Lane	
Addre Miam	ress ni, FL 33175	
City/S	State and Zip Code forgeddst@gmail.com	
E-ma	ail address: (to be used for future annual report notification)	
For ft	urther information concerning this matter, please call:	
Irene	Name of Contact Person at (305 984-2058) Area Code & Daytime Telephon	
	Name of Contact Person Area Code & Daytime Telephon	ie Numb

Street Address:

Amendment Section
Division of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

CR2E045 (04/13)

Mailing Address: Amendment Section

P.O. Box 6327

Division of Corporations

Tallahassee, FL 32314

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of char	ige is submitted for a	607.0502, 617.0502, 607.1508, or 617.1508, Florida State corporation organized under the laws of the State of		·	
in order	to change its registe	red office or registered agent, or both, in the State of Flori	da.		
1. The name of the	FORG	GED DISTRIBUTING, INC		_ _	
	13572	SW 38th Lane Miami, FL 33175			
3. The mailing ac	ddress (if different): _				
4. Date of incorp	oration/qualification:	04/03/2009 P0900003065 Document number:	Document number:		
5. The name and Florida Depart	street address of the ment of State: (If res	current registered agent and registered office on file with t igned, enter resigned)	he		
	Irene Rose Gonzalez				
	12459 SW 130 St. #1	3 	2022 OCT		
	Miami, FL 33186		OCT 2		
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registered office				
	Irene Rose Gonzalez		P# 12: 30		
	13572 SW 38th Lane				
	P.O. Box NOT acceptable				
	Miami, FL 33175				
The street address changed will	ess of its registered of be identical.	office and the street address of the business office of its re-	egistere	d agent.	
		plution duly adopted by its board of directors or by an off oration has been notified in writing of the change.			
		Irene Rose Gonzalez / President			
Signatu	re of an officer or director	Printed or typed name and title			
- I further agree (of my duties, an -document is bei	the appointment as to comply with the pod I am familiar with ng filed merely to re to been notified in writh ng filed merely to re	registered agent and agree to act in this capacity, rovisions of all statutes relative to the proper and comple and accept the obligation of my position as registered a flect a change in the registered office address. I hereby a ling of this change.	ete perf gent. C confirm	ormance or, if this that the	
		10/21/22			
Sig	nature of Registered Agent	Date			
If signing on be	half of an entity:				
trene Rose Gonz	alez				
Ţ	yped or Printed Name				

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