

P09000058112

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

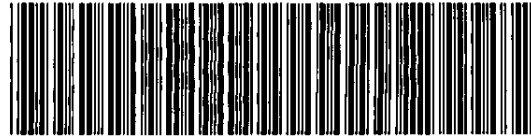
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

R.A.

TBrown 7-25-11

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: National Distribution Group, Inc
Name of Corporation

DOCUMENT NUMBER: P09000058112

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:

Dora Restrepo
Name of Contact Person

National Distribution Group, Inc
Firm/Company

18520 NW 67th Avenue, Suite 364
Address

Hialeah, Florida 33015
City/State and Zip Code

tony@ndg-usa.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Dora Restrepo at (954) 736-7072
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

July 11, 2011

DORA RESTREPO
NATIONAL DISTRIBUTION GROUP, INC
18520 NW 67TH AVE STE 364
HIALEAH, FL 33015

SUBJECT: NATIONAL DISTRIBUTION GROUP, INC
Ref. Number: P09000058112

We have received your document for NATIONAL DISTRIBUTION GROUP, INC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

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) 245-6925.

Teresa Brown
Regulatory Specialist II

Letter Number: 111A00016388

**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: National Distribution Group, Inc
2. The principal office address: 18520 NW 67th Avenue, Suite 364, Hialeah Florida 33015
3. The mailing address (if different): 18520 NW 67th Avenue, Suite 364, Hialeah Florida 33015
4. Date of incorporation/qualification: 07-07-2009 Document number: P09000058112
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)

Resigned

Fabrizio Alvear

18520 NW 67th Avenue, Suite 364, Hialeah Florida 33015

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

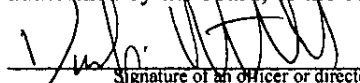
Dora Restrepo

18520 NW 67th Avenue, Suite 364, Hialeah Florida 33015

P.O. Box NOT acceptable

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.



Signature of an officer or director

Dora Restrepo / 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

07-07-2011

Date

If signing on behalf of an entity:

Dora Restrepo

Typed or Printed Name

*** 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)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2011 JUL 25 PM 3:14

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