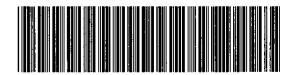


## P12000005124

C+ C Nict Inc. (Requestor's Name)
(Requestors Name)
601 D. Congress Ave.
## 113 (Address)
Dolray Roach FL. 334145 (City/State/Zip/PHone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Basilioss Ellaty Nulle)
(Document Number)
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Office Use Only



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## 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 FLOKIDA
in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: C & L DISTRIBUTORS, INC.
2. The principal office address: 601 N. CONGRESS AVE. SUITE 1/3
DELRAY BEACH, FL. 33445
3. The mailing address (if different):
4. Date of incorporation/qualification: //17/20/2 Document number: P12000051247
Fig. 7
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)
LOUIS BIAS!
601 NORTH CONGRESS AVE. SUITE 113
DELRAY BEACH, FL. 33445
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):  CHRIS DEMONICO
601 NORTH CONGRESS AVE. SUITE 113
DELRAY BEACH, FL 33445
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 another or director  CHRIS DELMONICO  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 Z/10/2012  Date
If signing on behalf of an entity:
to the control of the
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)