

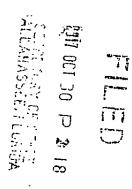
(Requ	uestor's Name)	
(Addr	ess)	
(Addr	ess)	
(City/	State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Busi	ness Entity Nar	me)
(= #5//	,	,
(Docu	ıment Number)	
Certified Copies	Certificates	s of Status
Special Instructions to Fi	ling Officer:	

Office Use Only



600305014196

10/30/17--01038--010 ++35.00



1:0V 0 1 2017. T. LEMMEUX



COVER LETTER

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

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: ARC DISTIZIBUTUIZ TNC
2. The principal office address: 1/380 W SAW(E-RI)
CORAL SPIRINGS, FL 133063
3. The mailing address (if different):
4. Date of incorporation/qualification: 6-23-17 Document number: 1700051879
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)
_ ISCAM CADER
1/380 W SAND(8- 2)
CORAL SPRINGS FL 33063
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
11058 SEAPORT CANE P.O. Box NOT acceptable ROCA RATION FZ 33428
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 hoard, or the corporation has been notified in writing of the change.
Signature of an officer or director NOTO BAZAN (PRESTDENT) Printed or typed name and vide
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 duites, 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.
19-25-17
Signature A Registered Agent Date
If signing on behalf of an entity: Typed or Printed Name

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