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(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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(Do	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to Filing Officer:		
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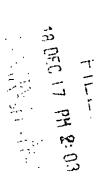
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COVER LETTER

TO:	Amendment Section Division of Corporations	

SUBJECT: // STRIBUTION LNC.
Name of Corporation

DOCUMENT NUMBER: PISCOOD GW26

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:

DUYGU SAHIN Name of Contact Person

KILAN DISTRIBUTION INC

1331 S. DIVIE HWY W UNIT 313

Pompano BEACH of 33060

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Name of Contact Person at (305) 439 6/62

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

CR2E045 (03/12)

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 Lawrence in order to change its registered office or registered agent, or both, in the State of Florida.			
1. The name of the corporation: KILAR DISTAIBUTION INC.			
2. The principal office address: 1331 S. DIKIE HWY W UNIT 313			
PURPAND BEACH FL. 33060	-		
3. The mailing address (if different): SAME AS ASSIC			
4. Date of incorporation/qualification: 11/2:12015 Document number: P18000 96126	-		
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)			
SEYFETTIN KILAR			
243 SW 13 FERNACE			
FORT LAUDTROALE FI 333/2		12 [
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):	<u>:</u> .	DEC 1	F.
DUYGU SAHIN	7 3 2 3 2 4	Hei	ED
PORPAND BEACH F/ 33040	<u>.</u>	A 2: 03	
POMPANO BEACH F/ 33060	•	ت	
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.			
Santure Market for director 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.			
Signaphre of Registered Agent 12/11/3018			
If signing on behalf of an entity:			
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 (03/12)