7/25/23, 10:36 AM



Division of Corporations **Electronic Filing Cover Sheet**

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Account Name : C T CORPORATION SYSTEM

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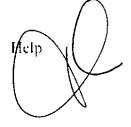
Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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REGISTERED AGENT CHANGE ROSTAN DELTA DISTRIBUTION INC.

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$43.75

Electronic Filing Menu Corporate Filing Menu



To:

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

statement of cha	nge is submitted for a corp	oration organiz	607,1508, or 617,1508, Florida Statutes, ed under the laws of the State of <u>FL</u> ed agent, or both, in the State of Florida	this		
1. The name of:	the corporation: Rostan Del	ta Distribution In	c.			
2. The principal	office address: 4800 N. FEE	DERAL HIGHW	AY, #E207 BOCA RATON, FL 33431			
3. The mailing a	ddress (if different):					
4. Dateofincorp	oration/qualification: 10/2	0/2022	Document number: P22000080319			
	I street address of the currer timent of State: (If resigned	•	nt and registered office on file with the	205		
	MacDonald, Jennifer			٠.		
	4800 N. Federal Highway,	#E207 Boca Rato	n, FL 33431	;A		
6. The name and (ifchanged):	d street address of the new r	egistered agent	(if changed) and /or registered office	 		
	1200 South Pine Island Roa	ıd.				
	P.O Box NOT acceptable Plantation, Florida 33324					
The street addre as changed will	ess of its registered office a be identical.	and the street ad	dress of the business office of its registe	red agent.		
Such change wa authorized by th	is authorized by resolution te board, or the corporation	duly adopted b n has been notif	y its board of directors or by an officer s ied in writing of the change.	;o		
Jda	dada		Todd Syoboda, Vice President			
Sigraon	re of an officer or director		Printed or typed name and title			
I further agree to of my duties, an document is being corporation has a CT Corporation.	o comply with the provisu of I am familiar with and ng filed merely to reflect a been notified in writing o, System	ons of all statute eccept the oblige change in the i f this change.	igree to act in this capacity. is relative to the proper and complete pe ition of my position as registered agent, registered office address, I hereby confir	urformance Or, if this on that the		
	Mile feet Africa		7/25/2023			
	mature of Registered Agent Michele half of an entity: Secreta	e Holden, Assistant	Date			
Γι	sped or Printed Name					
	* * *	FILING FEE	: \$35.00 * * *			

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL FO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (04/13)

By: