

3/11/2020

Division of Corporations

Florida Department of State
Division of Corporations
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Division of Corporations
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From:

Account Name : THE FARR LAW FIRM
Account Number : 103654001666
Phone : (941)639-1158
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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.

Email Address: cholmes@farr.com**REGISTERED AGENT CHANGE
FOX DISTRIBUTING OF S.W. FLORIDA, INC.**

Certificate of Status	0
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Page Count	02
Estimated Charge	\$35.00

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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 Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Fox Distributing of S.W. Florida, Inc.
2. The principal office address: 3145 Commerce Parkway, North Port, FL 34289
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 5/16/1996 Document number: P96000041873
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)

Michael R. McKinley18401 Murdock CirclePort Charlotte, FL 33948

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

David A. Holmes, Esq.c/o Farr Law FirmP.O. Box NOT acceptable99 Nesbit St., Punta Gorda, FL 33950

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, and the corporation has been notified in writing of the change.

Stacey FoxSignature of an officer or directorStacey L. FoxPrinted 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.

David A. Holmes
Signature of Registered Agent3/11/2020Date

If signing on behalf of an entity:

David A. Holmes, Esq.
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
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