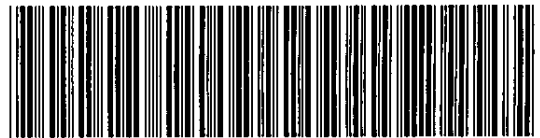


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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

(Document Number)

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T. LEMMEUX

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Dorin Distributors, Inc.  
Name of Corporation

**DOCUMENT NUMBER:** P96000072993

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:

Scott Vachon  
Name of Contact Person

Dorin Distributors, Inc.  
Firm/Company

1038 Arlington St  
Address

Orlando, FL 32805  
City/State and Zip Code

scott@floridadesks.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Scott Vachon at ( 321 ) 377-8084  
Name of Contact Person 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

**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: Dorin Distributors, Inc.
2. The principal office address: 440 Kennedy Blvd. Suite 4  
Orlando, FL 32810
3. The mailing address (if different): 6184 Buford St.  
Orlando, FL 32835
4. Date of incorporation/qualification: 09/04/1996 Document number: P96000072993
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)

Mitchell I. Dorin  
6184 Buford St.  
Orlando, FL 32835

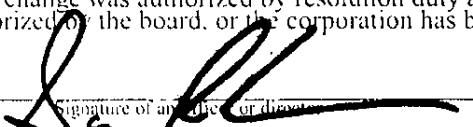
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Scott Vachon  
1038 Arlington St.  
P.O. Box NOT acceptable  
Orlando, FL 32805

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TALLAHASSEE, FLORIDA


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 or the board, or the corporation has been notified in writing of the change.

  
Signature of an officer or director

Scott Vachon President  
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

10/31/2017  
Date

If signing on behalf of an entity:  
Scott Vachon  
Typed or Printed Name

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