

V35963

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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APPROVED
AND
FILED
14 DEC - 1 PM 4:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Handwritten signature

DEC 5 0 30

T. LEMIEUX

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: Superior Stores Distributor, Inc
2. The principal office address: 1751 N 68 Avenue
Hollywood, Fl 33024
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 05/11/1992 Document number: V35963

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: _____

Marjorie Silver Helfan

4024 N Ocean Drive

Hollywood, Fl 33019

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

Steven Bruce Helfan

4024 N Ocean Drive

P.O. Box NOT acceptable

Hollywood, Fl 33019

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.

Alicia Helfan
Signature of an officer or director

Alicia Helfan, 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.

10/31/2014

Signature of Registered Agent

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)



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 19, 2014

ALICIA HELFAN
1751 N 68 AVE
HOLLYWOOD, FL 33024

SUBJECT: SUPERIOR STORES DISCOUNT DISTRIBUTORS, INC.
Ref. Number: V35963

We have received your document for SUPERIOR STORES DISCOUNT DISTRIBUTORS, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tracy L Lemieux
Regulatory Specialist II

Letter Number: 114A00024639

RECEIVED
14 DEC -1 PM 4:27
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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3. The mailing address (if different): _____

4. Date of incorporation/qualification: 05/11/1992 Document number: V35963

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)

Marjorie Silver Helfan

4024 N Ocean Drive

Hollywood, FI 33019

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

Steven Bruce Helfan

4024 N Ocean Drive

P.O. Box NOT acceptable

Hollywood, FI 33019

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Alicia Helfan

Signature of an officer or director

Alicia Helfan, President

Printed or typed name and title

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* SB
Signature of Registered Agent

10/31/2014

Date

If signing on behalf of an entity:

Typed or Printed Name

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

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