

V58895

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700403759517

03/13/20--01002--032 **148.00

FILED
2023 MAR 13 AM 9:36
SECRETARY OF STATE
TALLAHASSEE, FL

JUN - 2 2023

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: DISTRIBUTORS SOURCE OF FLORIDA, INC.
Name of Corporation

DOCUMENT NUMBER: V 58895

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:

SAMUEL R. BONNEY
Name of Contact Person

LAW OFFICE OF SAMUEL R. BONNEY
Firm/Company

3838 OAK LAWN AVENUE, SUITE 810
Address

DALLAS, TEXAS 75219
City/State and Zip Code

justin.vailes@lawlessgroup.com

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

For further information concerning this matter, please call:

SAMUEL R. BONNEY at (214) 520-1920
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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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: DISTRIBUTORS' SOURCE OF FLORIDA, INC.

2. The principal office address: 2590 OCOEE APOPKA ROAD, SUITE 100, APOPKA, FLORIDA 32703
32750

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 08/20/1992 Document number: V 58895

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)

STEVE ECKARD (RESIGNED)
2590 OCOEE APOPKA ROAD, SUITE 100
APOPKA, FLORIDA 32703

FILED
2023 MAR 13 AM 9:36
SECRETARY OF STATE
TALLAHASSEE, FL

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

JUSTIN VAILES
2590 OCOEE APOPKA ROAD, SUITE 100
P.O. Box NOT acceptable
APOPKA, FLORIDA 32703

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.

Richard Lawless
Signature of an officer or director

RICHARD LAWLESS
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.

Justin Vailes
Signature of Registered Agent

February 7, 2023
Date

If signing on behalf of an entity:

JUSTIN VAILES
Typed or Printed Name

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