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To:
Division of Corporations
Fax Number : (850)617-6380

From:
Account Name : REGISTERED AGENT SOLUTIONS INC
Account Number : I20100000062
Phone : (888)705-7274
Fax Number : (888)706-7274

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

Email Address: _____

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TALLAHASSEE, FLORIDA

**REGISTERED AGENT CHANGE
DISTRIBUTION SERVICES OF AMERICA, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$35.00

JUL - 5 2022
S. PRATHER

RECEIVED

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SECRET
TALLAHASSEE, FL

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: DISTRIBUTION SERVICES OF AMERICA, INC.
Name of Corporation

DOCUMENT NUMBER: V64385

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:

Joshua Murphy

Name of Contact Person
Registered Agent Solutions, Inc.
Firm/Company
Corporate Center One, 5301 Southwest Pkwy, Ste 400
Address
Austin, Texas 78735
City/State and Zip Code

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

For further information concerning this matter, please call:

Joshua Murphy at (888) 705-7274
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

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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: DISTRIBUTION SERVICES OF AMERICA, INC.
2. The principal office address: 2900 WESTCHESTER AVENUE SUITE 201 PURCHASE, NY 10577
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 9/16/1992 Document number: V64385
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)

BLUMBERGEXCELSIOR CORPORATE SERVICES, INC.155 OFFICE PLAZA DRIVE 1ST FLOORTALLAHASSEE FL 32301

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

Registered Agent Solutions, Inc.155 Office Plaza Dr. Suite AP.O. Box NOT acceptableTallahassee FL 32301

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.

/s/ Kevin Callinan

Signature of an officer or director

Kevin Callinan

Printed or typed name and title

Authorized Person

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.

Mackenzie Hart

Signature of Registered Agent

7/1/2022

Date

If signing on behalf of an entity:

Mackenzie Hart, Assistant Secretary

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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DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA