

L03000014447

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

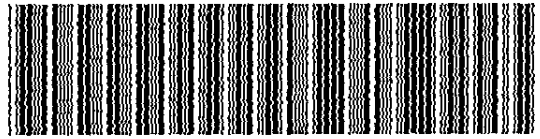
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

3p



600022125736

08/07/03--01046--013 **25.00

WR8/12
03 AUG -7 PM 3:44
FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

SWAINE, HARRIS & SHEEHAN, P. A.
ATTORNEYS AT LAW

BERT J. HARRIS, III
J. MICHAEL SWAINE
J. TIMOTHY SHEEHAN
KIMBERLY L. SAPP

425 SOUTH COMMERCE AVENUE
SEBRING, FL 33870-3702
(868) 385-1549
FAX: (868) 471-0008

401 DAL HALL BLVD.
LAKE PLACID, FL 33852-6561
(868) 465-2811
FAX: (868) 465-6999

PLEASE REPLY TO:
LAKE PLACID

August 5, 2003

bert@heartlandlaw.com

Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

Re: Florida Paper & Plastic Bags, L.L.C.
Document Number L030000144447

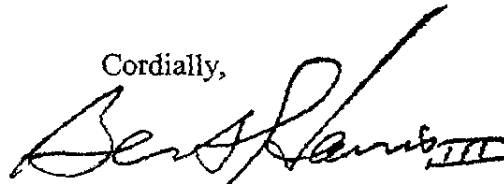
Dear Sir/Madam:

Please find enclosed the original Statement of Change of Registered Office or Registered Agent or Both for Limited Liability Company, together with a filing fee check in the amount of \$25.00.

Kindly direct all correspondence concerning this matter to my office.

Thank you for your assistance.

Cordially,



Bert J. Harris, III

lw
Enclosure

03 AUG -7 PM 3:44
FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the limited liability company is: Florida Paper & Plastic Bags, L.L.C.
2. The mailing address of the limited liability company is: Post Office Box 665, Lake Placid, FL 33852

April 23, 2003

L03000014447

3. Date of filing/registration in Florida

4. Document number

5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

Laura D. Rodriguez

Name

1790 West 49th Street, Suite 305-11

Address

Hiialeah, Florida 33012

City, State and Zip

6. The name and address of the new registered agent and/or office:

Hugo A. Durand

Name

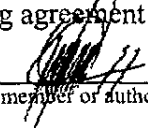
188 Interlake Boulevard

Florida street address (P.O. Box NOT acceptable)

Lake Placid, FL 33852

City, State and Zip

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.



(Signature of a member or authorized representative of a member)

Carmen E. de Durand

(Printed or typed name of signee)

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 obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.



(Signature of Registered Agent)

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILED STATE'S
SECRETARY OF CORPORATIONS
03 AUG - 7 PM 3: 14