396682

(Requestor's Name)
(Address)
·
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(20000000000000000000000000000000000000
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



600411490836

2023 JUL 24 AM 9: 37 FILED

RECEIVED



115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: 120000000088

Date:	07/20/2023	
Name:		_
Reference	2062332	_
		R GROUP OF FLORIDA, INC.
☐ Arti	cles of Incorporation/Authorization	to Transact Business
Am	endment	
√ Cha	ange of Agent	
☐ Rei	nstatement	
☐ Cor	nversion	
☐ Mer	rger	
☐ Disa	solution/Withdrawal	
☐ Fict	titious Name	
☐ Oth	er	
Authorized		
Signature:		

F: 800.944.6607



July 21, 2023

COGENCYGLOBAL

SUBJECT: SOUTHEASTERN PAPER GROUP, LLC FL

Ref. Number: M22000008304

We have received your document for SOUTHEASTERN PAPER GROUP, LLC FL and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document # does not match the name. There is a Southeastern Paper Group of Florida, Inc. filed under doc # 396682 a Florida Inc.

If you have any questions concerning the filing of your document, please call (850) 245-6000.

Neysa Culligan Regulatory Specialist III

Letter Number: 823A00016296

2929 J 24 PH 3: 55

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

		2, 617.0502, 607.1508, or 617.1508, Fi tion organized under the laws of the St		
in orde	r to change its registered office	e or registered agent, or both, in the St	ate of Florida.	
1. The name of t	he corporation: SOUTHE	ASTERN PAPER GROUP	OF FLORIDA,	INC
2. The principal	office address:			_
<u>no cha</u>	nge			
3. The mailing a	ddress (if different):			
4. Date of incorp	poration/qualification: 3/1/1	972 Document number:	396682	
	I street address of the current retiment of State: (If resigned, en	egistered agent and registered office on ter resigned)	file with the	
	NRAI	Services, Inc.		
	1200 Sout	h Pine Island Road		
	Plantat	tion, FL 33324	י 1028 אונגאלונגאלינגאלינגאלינגאלינגאלינגאלינגאלינגאלי	T
6. The name and street address of the new registered agent (if changed) and /or registered of (if changed):			T	
	COGENCY GLO	BAL INC.	AM 9: OF STA	
		un St., Suite 4	# 37 TATE ORID	
	Tallahassee, FL	O. Box NOT acceptable 32301		
The street addre	ess of its registered office and the identical.	the street address of the business offic	ce of its registered agent	ι.
Such change wa authorized by th	is authorized by resolution dul- tile board, or the corporation ha	y adopted by its board of directors or s been notified in writing of the chang	by an officer so ge.	
/s/ Glenn Cha	amberlin	Glenn Chamberlin	CFO	
I hereby accept I further agree to performance of	the appointment as registered a comply with the provisions of my duties, and I am familiar w	agent and agree to act in this capacity all statutes relative to the proper are with and accept the obligation of my pely to reflect a change in the registere notified in writing of this change.	ty. nd complete asition as registered	
/s/ Tim Mayv		7/20/2023		
_	nature of Registered Agent half of an entity:	Date		

Tim Mayville, Assistant Secretary

Typed or Printed Name

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