

B170000000296

Division of Corporations

Florida Department of State  
Division of Corporations  
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SECTION OF STATE  
TALLAHASSEE, FLORIDA

To: Division of Corporations  
 Fax Number : (850)617-6383

From: Account Name : UNITED AGENT GROUP INC.  
 Account Number : I20160000086  
 Phone : (561)508-5033  
 Fax Number : (561)694-1639

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

Email Address: \_\_\_\_\_

REGISTERED AGENT CHANGE  
GEORGIA-PACIFIC CONSUMER PRODUCTS LP

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

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**LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP  
STATEMENT OF CHANGE OF REGISTERED OFFICE OR  
REGISTERED AGENT, OR BOTH**

Pursuant to the provisions of section 620.1115, Florida Statutes, the undersigned limited partnership or limited liability limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

1. GEORGIA-PACIFIC CONSUMER PRODUCTS LP  
Name of Limited Partnership or Limited Liability Limited Partnership

2. 12/04/2017 Date of filing/registration in Florida

3. B1700000296 Florida document number

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

CT CORPORATION SYSTEM  
Name  
1200 SOUTH PINE ISLAND ROAD  
Address  
PLANTATION, FL 33324  
City, State and Zip

5. The name and Florida street address of the new registered agent and/or office:

United Agent Group Inc.  
Name  
801 US Highway 1  
Florida street address (P.O. Box not acceptable)  
North Palm Beach 33408  
City, State and Zip FL

6. Such change(s) is/are effective when filed by the Florida Department of State.

GPCON/GP LLC - General Partner  
By: Adia Myles, Special Manager

Signature of General Partner

*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.*

Adia Myles, Special Manager

Signature of Registered Agent

Filing Fee: \$35.00  
Certified Copy (optional): \$52.50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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