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COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: The Southern Packaging Company

Name of Corporation

DOCUMENT NUMBER: F02000001730

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:

Michael Jourdain

Name of Contact Person

The Southern Packaging Company

Firm/Company

8990 NW 105th WAY

Address

MEDLEY FL 33178

City/State and Zip Code

morph6201@aol.com

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

For further information concerning this matter, please call:

Michael Jourdain

,305

4315801

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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this inge is submitted for a corporation organized under the laws of the State of Florida
	to change its registered office or registered agent, or both, in the State of Florida. the corporation: The Southern Packaging Company
2. The principal	office address: 8990 NW 105th WAY 7, FL 33178
3. The mailing a	address (if different):
4. Date of incoη	poration/qualification: April 5, 2002 Document number: F02000001730
	I street address of the current registered agent and registered office on file with the rtment of State: (If resigned, enter resigned)
	Michael Jourdain
	Michael Jourdain 8990 NW 105th Way
	Medley, FL 33178
6. The name and (if changed):	Medley, FL 33178 I street address of the new registered agent (if changed) and /or registered office
	Ruth Cardozo
	8990 NW 105th Way
	P.O. Box NOT acceptable Medley, FL 33178
The street addreas changed will	ess of its registered office and the street address of the business office of its registered agent, be identical.
Such change was authorized by the	as authorized by resolution duly adopted by its board of directors or by an officer so ne board, or the corporation has been notified in writing of the change.
Muhael	Michael Jourdain - Secretary Printed or typed name and title
I hereby accept I further agree i performance of agent. Or Apply	the appointment as registered agent and agree to act in this capacity. To comply with the provisions of all statutes relative to the proper and complete my duties, and I am familiar with and accept the obligation of my position as registered is document is being filed merely to reflect a change in the registered office address, I that the corporation has been notified in writing of this change.
[//W	U MALG 2/13/2017
,	nature of Registered Agent Date
If signing on be	half of an entity:
Т;	yped or Printed Name

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

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