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K.

Randee S. Schatz, P.A.

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TALLA-LASSILE, FLORIDA

Attorney at Law
220 Sunrise Avenue, Suite 209
Palm Beach, Florida 33480
Telephone (561) 833-1846
Fax (561) 833-1881
E-Mail RSSchatz@adelphia.net

CERTIFIED MAIL - RETURN RECEIPT REQUESTED

October 2, 2003

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

Re: PackerKiss, LLC

Dear Sir or Madam:

Enclosed please find the following:

- Statement of Change of Registered Office or Registered Agent or Both for Limited Liability Company; and
- 2. Check No. 1368, payable to Division of Corporations, in the amount of \$25.00.

If you have any questions, please do not hesitate to call.

Sincerely yours,

Randee S. Schatz

RSS/dae Enclosures

cc: Mary Packer, PackerKiss, LLC

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

		03 UCT -8 PM 3: 2
Pursuant to the provisions of sec liability company submits the foll agent, or both, in the State of Flor	ctions 608.416 or 608.508, Florida Statutes owing statement in order to change its regi ida.	s, the undersigned limited stered office or registered
1. The name of the limited liabilit	y company is: packerKiss, LLC	
2. The mailing address of the limit	ted liability company is: 15 NE 4th Stre	Suite A et. Delray Beach.
FL 33444	<u> </u>	<u> </u>
7/23/03	L03000027026	,)
3. Date of filing/registration in Flo		
5. The name of the registered agent Florida Department of State:	t and the registered office address as shown of	on the records of the
Thoma	s R. Allen	<u>.</u> : -
17 0	Name st Washington Street, Suite 600	
14 Ea	Address	
Orlan	do, FL 32801	
	City, State and Zip	•
6. The name and address of the ne	w registered agent and/or office:	
Mary	Packer	,
15 NE	Name 4th Street Suite A	
Florida	a street address (P.O. Box NOT acceptable)	
Delra	y Beach FL 33444	
	City, State and Zip	
confirmed that after the change or and the business office of the regis liability company, it is hereby con-	\wedge	of the registered office of a Florida limited d by an affinative vote of
Mary Packer (Printed or typed name of signee)	<u> </u>	
Many Cach	is registered agent and agree to act in this ca tatules relative to the proper and complete p the obligations of my position as registered ment is being filed to merely reflect a change limited liability company has been notified in	spacity. I further agree to erformance of my duties, agent as provided for in e in the registered office n writing of this change.
(Signature of Registered Agent)	,	

FILING FEE: \$25.00

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

INHS18(10/99)