

L16000123436

(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



000303574870

09/27/17--01006--007 **25.00

17 OCT 12 AM 12:49
RECEIVED

OCT 11 2017



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 28, 2017

CHRISTIAN WHITEHEAD
1342 REDBOURNE LANE
ORMOND BEACH, FL 32174 US

SUBJECT: PAC PRO SOLUTIONS, LLC
Ref. Number: L16000123436

We have received your document for PAC PRO SOLUTIONS, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Yasemin Y Sulker
Regulatory Specialist II

Letter Number: 517A00019680

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Pac Pro Solutions, LLC

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Christian Whitehead

Name of Person

Pac Pro Solutions, LLC

Firm/Company

1342 Redbourne Lane

Address

Ormond Beach, FL 32174

City/State and Zip Code

Christian@strteks.com

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

For further information concerning this matter, please call:

Parniya Whitehead

Name of Person

434

8822706

at (_____) _____

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☐ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

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

Pursuant to the provisions of sections 605.0114 or 605.0116, 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. Name of the limited liability company: Pac Pro Solutions, LLC

2. (a) Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)

(b) Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)

226 N. Nova Road, Ste 3

Ormond Beach, FL

6/27/16

L16000123436

3. Date of filing/registration in Florida

4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agents Inc

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

3030 N. Rocky Point Dr. Suite 150 A

Tampa, FL 33607

(b) Enter name of NEW Registered Agent and or NEW Registered Office address:

Christian Whitehead

NEW Registered Office Address:

1342 Redbourne Lane

Ormond Beach, FL 32174

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.

Christian Whitehead
Signature of a member or authorized representative of a member

Christian Whitehead
Printed or typed name of signer

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 605, 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.

Christian Whitehead
Signature of Registered Agent

17 OCT 12 AM 09 49
TALLAHASSEE, FL 32314