L18000183084

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



FILED 2023 HAY -8 AM 10: 54 SECOLUMNY OF STATE TALLAHASSEE. FLORID.

Office Use Only

COVER LETTER

TO: Registration Section Division of Corporations

Chappy Reality, LLC

SUBJECT: _

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:

Gerald Kramer

Name of Person

Chappy Realty, LLC

Firm/Company

736 Glouchester Street

Address

Boca Raton, FL 33487

City/State and Zip Code

info@extrapackaging.com

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

For further information concerning this matter, please call:

561 948-0649 at ()
Area Code & Daytime Telephone Number
Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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. Na	ame of the limited liability company: Chappy Reality.	LLC	
2. (a)		(b)	
2. (a)	Principal office address of limited liability company: (<i>Note: MUST BE STREET ADDRESS</i>)	(0)	Mailing address of limited liability company: (<u>Note: MAY BE POST OFFICE BOX</u>)
	07/30/2018	LIS	000183084
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	Jennifer Zakin		
<i>J</i> . (a)	Registered Agent and Registered Office shown on the records o	of the Florida Dep	n, of State:
	Registered Office Address <u>MUST BE FLORIDA STREET</u>	T <u>ADDRESS)</u>	
	120 E. Palmetto Park Rd Ste 400		
	Boca Raton, F	L_33432	
(b)	Donna S Kramer		TALLANDA F
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registere</u>	al Office addres	
	NEW Registered Office Address:		
	736 Glouchester Street		AH IO: SL E. FLORIDA
	Boca Raton, F	133487	
change agent v was/we	imited liability company is not organized under the la cor changes are made, the Florida street address of th vill bejidentical. Or, in the case of a Florida limited I ere authorized by an affirmative vote of the members des of organization or the operating agreement of the	e registered o iability compa of the limited	ffice and the business office of the registered my, it is hereby confirmed that the change(s) liability company or as otherwise provided in
_//		Gerald H	Kramer Managing Member
I here provisi the obl to per potified	fure of a member or authorized representative of a member by accept the appointment as registered agent and ag ons of all statutes relative to the proper and complete igations of my position as registered agent as provid- ely reflect a change in the registered office address. I d in writing of this change.	e performance	of my duties, and I am familiar with and accent
Signatu	re of Registered Agent		

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25,00