## 12,000-328454

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(Address)				
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## COVER LETTER

TO: Registration Section Division of Corporations		•	
SUBJECT: ITD PACKAGING LLC			
Name	e of Limited Liab	ility Company	
Dear Sir or Madam:			
The enclosed Registered Agent/Registered Office	ce Change and fee	e(s) are submitted for filing.	
Please return all correspondence concerning this	s matter to the fol	lowing:	
Ellie Kotapish			
Name of Person			
ZenBusiness PBC			
Firm/Company		•	
5900 Balcones Drive, Suite 5000			
Address			
Austin, TX 78731			
City/State and Zip Code	<del></del>		
fulfillment@zenbusiness.com			
E-mail address: (to be used for future annu	ual report notifica	ition)	
For further information concerning this matter.	please call:		
Ellie Kotapish	512 at (	237-7349	
Name of Person		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	☐ <b>\$</b> 55	Filing Fee & Certified Copy	

INHS18 (2/14)

## 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.

1730 S Federal Hwy #2	296	(b) <u></u> 1	(b) 1730 S Federal Hwy #296		
Principal office address of	f limited liability company: STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
DELRAYBEACH, FL	<del></del> -	<u>D</u> I	ELRAYBEACH, FL 3		
10/16/2020		 L20	0000328954		
Date of filing/regis	tration in Florida	4.	Document numb	er	
S1 CAPITAL PARTNE	RS LLC				
Registered Agent and Registered	Office shown on the records o	f the Florida Dep	t. of State:	2022 APK	) ) )
Registered Office Address (M	UST BE FLORIDA STREET	ADDRESS)		-	2
961 HYACINTH DRIV	E			ر رن	
DELRAYBEACH	, F	L_33483		7	
Registered Agents Inc.					:>
Enter name of <u>NEW Registered</u>	Agent and/or NEW Registers	d Office address	Σ.	€	すい
NEW Registered Office Address	:				
7901 4th St N, Suite 3	00		<del></del>		
	_	L 33702			

/s/Brandon Spencer	Brandon Spencer, Manager		
Signature of a member or authorized representative of a member	Printed or typed name of signee		

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.

Signature of Registered Agent