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Division of Corporations

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From:

Account Name : REGISTERED AGENTS INC.

Account Number : 120090000081 Phone : (307)200-2803

Fax Number : (813)436-5206

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May 20, 2025 11-29 · To ~18506176383 Page: 2/2 Fax 18134365206

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.

L Na	ame of the limited liability company: Parcel Fiber Comp	pany LLC	
2. (a)		(b)	
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited hability company: (Note: MAY BE POST OFFICE BOX)
	. 05/19/2021		D233562
3.	Date of filing/registration in Florida	4.	Document number
	UNITED STATES CORPORATION AGENTS, INC.	-7.	Document Manoci
5. (a)	Registered Agent and Registered Office shown on the records of	ele a Citariale Dans	of State of
	Registered Agent and Registered Office shown on the records of	the moritia Dept. (of State:
	Registered Office Address (MUST BE FLORIDA STREET)	(DDRESS)	
	476 RIVERSIDE AVE.		77.
	JACKSONVILLE	32202	FILLAHASS
(b)	Registered Agents Inc		
	Enter name of NEW Registered Agent and/or NEW Registered	Office address:	
	7901 4th St N		PH 1: 04 EE. FLORIDA
	NEW Registered Office Address:		DE 4
	STE 300		
	St. Petersburg FL	33702	
the cha agent v was/we the arti	imited liability company is not organized under the lavinge or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited like authorized by an affirmative vote of the members of cless of organization or the operating agreement of the	the registered ability company of the limited li	office and the business office of the registered y, it is hereby confirmed that the change(s) ability company or as otherwise provided in y company.
Signa	ture of a member or Authorized representative of a member		Printed or typed name of signee
I here provisi the obl to merc	by accept the appointment as registered agent and agr ons of all statutes relative to the proper and complete igations of my position as registered agent as provided ely reflect a change in the registered office address, I f I in writing of this change.	performance of d for in Chapte hereby confirm	s capacity. I further agree to comply with the of my duties, and I am familiar with and accept