

(	Requestor's Name)
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PICK-UP	WAIT MAIL
	Business Entity Name)
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Certified Copies	
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Special Instructions	to Filing Officer:

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2023 FEB -7 - KH -8: 32



A. 1997 7 3 FEB 7 8 2023 CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

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ACCOUNT NO. : I2000000195 REFERENCE : 432344 7130715 AUTHORIZATION : COST LIMIT : \$ 25 00 ORDER DATE : February 3, 2023 ORDER TIME : 8:39 AM ORDER NO. : 432344-010

CUSTOMER NO: 7130715

CHANGE OF AGENT

NAME: TECH PACKAGING, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPYXXPLAIN STAMPED COPY

CONTACT PERSON: Alexxis Weiland -- EXT#

EXAMINER:

## **COVER LETTER**

TO: **Registration Section Division of Corporations** 

TECH PACKAGING, LLC SUBJECT: \_\_\_\_\_

J

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:

Name of Person

Firm/Company

Address

City/State and Zip Code

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

at (

For further information concerning this matter, please call:

Name of Person

Mailing Address:

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

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.

(0)	6622 SOUTHPOINT DR S.		(b) 6622 SOI		₹ S.		
. (a)	Principal office address of limited liability company: ( <u>Note: MUST BE STREET ADDRESS</u> )			Mailing address of ( <u>Note: MAY B</u>		-	• •
	STE 200		STE 200				
	JACKSONVILLE, FL 32216		JACKSON	NVILLE, FL 322	216		
	06/28/2021		L21000298	626			
	Date of filing/registration in Florida	4.		Document nur	nber		· · ·
. (a)	BRANT.REITER, MCCORMICK & JOHNSON, P.A.						
(a)	Registered Agent and Registered Office shown on the records	of the Flori	da Dept. of State	_ e:			
	135 WEST BAY ST STE 400						
	Registered Office Address (MUST BE FLORIDA STREE	TADDRE.	<u>SS)</u>	-			
	Registered Office Address (MUST BE FLORIDA STREE	TADDRE.	<u>\$\$</u>	-		2023	
		TADDRE: TL_3220		-	- 	2023 FEB -	1 - 1 - 74 - 1
(b)				-		- 7	1 - 1 - 7 - 1 - 7
(b)		<sub>5L_3220</sub>	2	- - -		-7 AH	1          
(b)	JACKSONVILLE	<sub>5L_3220</sub>	2	- - -	an 16 3.	- 7	۲  
(b)	JACKSONVILLE Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Register</u>	<sub>5L_3220</sub>	2	- - -	::.	-7 AH 8:3	1                                       
(b)	JACKSONVILLE Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Register</u> Corporation Service Company	<sub>5L_3220</sub>	2	-	::.	-7 AH 8:3	۲ -

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.

David Hunter

Signature of a member or authorized representative of a member

Printed or typed name of signee

Dave Hunter

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.

<u>Signature of Registered Agent</u>

Division of Corporations• P.O. Box 6327• Tallahassee, FL 32314 FILING FEE: \$25.00