

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.

I. Na	me of the limited liability company:Tech F	Packagi	ng, LLC			
2. (a)	6622 SOUTHPOINT DR S., STE 200		(b)	COOL COLITUDONT DD	S., STE 200	
	Principal office address of limited liability compa (Note: MUST BE STREET ADDRESS)	any:	_ (07	Mailing address of limited liz (Note: MAY BE POST O	• • •	
	JACKSONVILLE, FL 32216		_ .	JACKSONVILLE, FL 3221	16	
			_ .			
	06/28/2021			L21000298626		
3.	Date of filing/registration in Florida		4	Document number		
5. (a)	CORPORATION SERVICE COMPA	NY				
	Registered Agent and Registered Office shown on the re-	cords of th	e Florida E	ept. of State:		
	1201 HAYS STREET					
	Registered Office Address MUST BE FLORIDA ST	TREETAI	DDRESS)		2024	
					-45- 	Ì:
	TALLAHASSEE	FL_	32301			
(b)	Corporate Creations Network Inc.				A	<u>rn</u>
	Enter name of NEW Registered Agent and/or NEW Re	gistered C)ffice addr	<u>trz</u>	ې ز	∖_,,ŕ
	801 US Highway 1				. 2	
	NEW Registered Office Address:					
	North Palm Beach	, FL_	33408			
ehange agent w was/we	mited liability company is not organized under or changes are made, the Florida street address fill be identical. Or, in the case of a Florida lim are authorized by an affirmative vote of the mer cles of organization or the operating agreement	s of the re nited liab nbers of	egistered ility com the limit mited lia	office and the business office of pany, it is hereby confirmed that ed liability company or as otherw bility company.	the registered the change(s) rise provided in	
/s/ Ca	iitlin Lazarus		Cait	in Lazarus, Attorney-in-Fac	t	

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.

/s/ Caitlin Lazarus Caitlin Lazarus, Special Secretary

Signature of Registered Agent

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