

119000008481

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

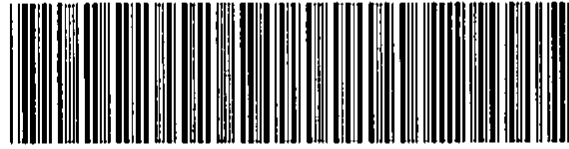
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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10/09/20--01008--021 **25.00

FILED
2020 OCT -9 AM 11:12
CLERK OF STATE
TALLAHASSEE, FL

C. George Kleeman, IV, Esq.
Email: gkleeman@gdcrlaw.com

October 6, 2020

Registration Section
Florida Department of State
Divisions of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Fastpak Systems (Florida), LLC – Registered Agent Change

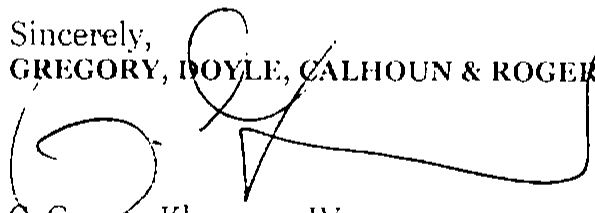
Dear Clerk:

Enclosed for filing please find one (1) original and one (1) copy of the Cover Letter and Statement of Change of Registered Agent for Limited Liability Company for the above-referenced matter. Also enclosed is our firm check in the amount of \$25.00, representing the filing fee.

Once the above documents are filed, please send filed copies via e-mail to my attention at gkleeman@gdcrlaw.com. Please do not hesitate to contact me with any questions or concerns you may have.

We appreciate your assistance with this matter. If you have any questions, please do not hesitate to contact me.

Sincerely,
GREGORY, DOYLE, CALHOUN & ROGERS, LLC



C. George Kleeman, IV
For the Firm

CGK/cyb
Enclosures

3162166_1.docx

49 Atlanta Street
Marietta, Georgia 30060

2951 Flowers Road South, Suite 220
Atlanta, Georgia 30341

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FASTPAK SYSTEMS (FLORIDA), LLC

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:

C. George Kleeman, IV, Esq.

Name of Person

Gregory, Doyle, Calhoun & Rogers, LLC

Firm/Company

49 Atlanta Street

Address

Marietta, GA 30060

City/State and Zip Code

gkleeman@gdclaw.com

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

For further information concerning this matter, please call:

George Kleeman at (770) 422-1776

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 ☐ \$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. Name of the limited liability company: FASTPAK SYSTEMS (FLORIDA), LLC

2. (a) 1450 WILLIAMS DRIVE
Principal office address of limited liability company:
(Note: **MUST BE STREET ADDRESS**)
MARIETTA, GA 30066

(b) ??
Mailing address of limited liability company:
(Note: **MAY BE POST OFFICE BOX**)

3. 09/03/2019 Date of filing/registration in Florida 4. _____ Document number

5. (a) 09/03/2019
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

C T CORPORATION SYSTEM

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

1200 SOUTH PINE ISLAND ROAD

PLANTATION, FL 33324

C T Corporation System

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:

ERIC FELDMAN

NEW Registered Office Address:

6593 POWERS AVENUE

JACKSONVILLE, FL 32217

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CLERK OF STATE
TALLAHASSEE, FL

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the 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.

[Signature]
Signature of a member or authorized representative of a member

C. George Kleeman III Attorney-in-Fact
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.

C T Corporation System

Signature of Registered Agent

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