Division of Corporations

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LLC REGISTERED AGENT CHANGE IMPACT FULFILLMENT SERVICES, LLC

Certificate of Status	0
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Page Count	02
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T. LEMIEUX

JAN 1 N 2024

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. N	ame of the limited liability company:IMPACT_FUL	FILLME	ENT SERVICES, LLC
2. (a)	1601 ANTHONY ROAD	(b)	1601 ANTHONY ROAD
- (-)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(0)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	BURLINGTON, NC 27215		BURLINGTON, NC 27215
	06/20/2022		M22000010645
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	CORPORATION SERVICE COMPANY		
J. (4)	Registered Agent and Registered Office shown on the records of th	ne Florida D	Dept. of State.
	1201 HAYS STREET		-
	Registered Office Address	<u>DDRESS)</u>	: :
	TALLAHASSEE FI.	32301	<u> </u>
(b)	Corporate Creations Network Inc.		51 22
, ,	Enter name of NEW Registered Agent and/or NEW Registered C	Office addr	<u>ress</u>
	801 US Highway 1		
	NEW Registered Office Address:		
	North Palm Beach , FL_	33408	3
change agent was/w	limited liability company is not organized under the laws e or changes are made, the Florida street address of the r will be identical. Or, in the case of a Florida limited liab ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the li	egistered oility com the limite	d office and the business office of the registered npany, it is hereby confirmed that the change(s) ted liability company or as otherwise provided in
	·		tlin Lazarus, Attorney-in-Fact
Sign	iture of a member or authorized representative of a member		Printed or typed name of signee
provis the ob to mer	by accept the appointment as registered agent and agre- ions of all statules relative to the proper and complete p ligations of my position as registered agent as provided elv reflect a change in the registered office address, I he d'in writing of this change.	e to act in erforman for in Cha ereby conf	in this capacity. I further agree to comply with the nce of my duties, and I am familiar with and accept hapter 605, F.S. Or, if this document is being filed nfirm that the limited liability company has been

Signature of Registered Agent

/s/ Caitlin Lazarus

Caitlin Lazarus, Special Secretary