

## 0013397 AF

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



|                                |                                |
|--------------------------------|--------------------------------|
| Principal Place of Business    | Mailing Address                |
| C/O DLC MANAGEMENT CORPORATION | C/O DLC MANAGEMENT CORPORATION |
| 580 WHITE PLAINS RD            | 580 WHITE PLAINS RD            |
| TARRYTOWN NY 10591             | TARRYTOWN NY 10591-5198        |

|                                       |         |                           |         |
|---------------------------------------|---------|---------------------------|---------|
| <b>2. Principal Place of Business</b> |         | <b>3. Mailing Address</b> |         |
| Suite, Apt. #, etc.                   |         | Suite, Apt. #, etc.       |         |
| City & State                          |         | City & State              |         |
| Zip                                   | Country | Zip                       | Country |

|               |                            |                |
|---------------|----------------------------|----------------|
| 4. FEI Number | 52-<br>APPLIED FOR 2177330 | Applied For    |
|               |                            | Not Applicable |

5. Certificate of Status Desired ☒ **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

**7. Name and Address of New Registered Agent**

CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

|  |             |
|--|-------------|
| Name   |             |
| Street Address (P.O. Box Number is Not Acceptable) |             |
|  |             |
| City   | FL Zip Code |

**8.** The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**

| 9. MANAGING MEMBERS / MEMBERS  |  | 10. ADDITIONS / CHANGES  |   |
|--|--|--|---|
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY- ST- ZIP</b> | MGRM<br>JIT PACKAGE PARTNERS, LLC<br>580 WHITE PLAINS RD<br>TARRYTOWN NY 10591 | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY- ST- ZIP</b> | 400003183924 -<br>-03/24/00--01098--022<br>*****55.00 *****55.00  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY- ST- ZIP</b> | <input type="checkbox"/> Delete  | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY- ST- ZIP</b> | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY- ST- ZIP</b> | <input type="checkbox"/> Delete  | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY- ST- ZIP</b> | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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i. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

by: JIT PACKAGE PARTNERS, LLC

SIGNATURE: S. J. [Signature] REQUIRED Manager  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

1/27/00  
Date

914 631 3131  
Daytime Phone #

CR2E083 (9/99)