Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053 Phone : (561)694-8107 Fax Number : (561)694-1639

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

| _ |
|---|

REGISTERED AGENT CHANGE BEALL'S PAC U.S.A., INC.

| Certificate of Status | 0 |
|-----------------------|---------|
| Certified Copy | 0 |
| Page Count | 02 |
| Estimated Charge | \$35.00 |

)-:E-lid-6-53u618c

DEC 10 2019 C MCNAIR 15612148442

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS $\overset{\cdot}{\cdot}$

| Pursuant to the provisions of sections 607.0502, 617.05 statement of change is submitted for a corporation orga in order to change its registered office or regis | nized under the laws of the State of |
|--|--|
| 1 | · · |
| i. The name of the corporation: BEALL'S PAC U.S.A., I | |
| 2. The principal office address: 1806 38TH AVE. EAST. | BRADENTON, FL 34200 |
| 3. The mailing address (if different): PO BOX 25207. | BRADENTON, FL 34206-5207 |
| 4. Date of incorporation/qualification: 08/21/2003 | Document number: N03000007209 |
| 5. The name and street address of the current registered Florida Department of State: (If resigned, enter resign | agent and registered office on file with the |
| CORPORATION SERVICE COMPAN | Y |
| 1201 HAYS STREET | |
| TALLAHASSEE, FL 32301-2525 | |
| 6. The name and street address of the new registered age (if changed): | ent (if changed) and /or registered office |
| Corporate Creations Network Inc. | P |
| 11380 Prosperity Farms Road #221E | Ę. |
| | ox NOT acceptable |
| Palm Beach Gardens, FL 33410 | |
| The street address of its registered office and the stree as changed will be identical. Such change was authorized by resolution duly adopte authorized by the board, or the corporation has been n | |
| | Caitlin Lazarus, Special Secretary |
| /s/ Caitlin Lazarus Signature of an officer or director | Printed or typed name and title |
| I hereby accept the appointment as registered agent a I further agree to comply with the provisions of all sta of my duties, and I am familiar with and accept the obdocument is being filed merely to reflect a change in temporation has been notified in writing of this change | tutes relative to the proper and complete performance ligation of my position as registered agent. Or, if this he revistered office address. I hereby confirm that the |
| /s/ Caitlin Lazarus | 12/9/2019 |
| Signature of Registered Agent | Date |
| If signing on behalf of an entity: | |
| Caitlin Lazarus, Attorney-in-Fact | |
| Typed or Printed Name | |
| * * * FILING F | EE: \$35.00 * * * |
| | ORIDA DEPARTMENT OF STATE P.O. BOX 6327, TALLAHASSEE, FL 32314 |