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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.\*\*

Email Address:

## REGISTERED AGENT CHANGE BEALL'S PAC, INC.

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S. YOUNG

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12/9/19, 11:52 AM

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	nge is submitted for a corporation orge	502, 607.1508, or 617.1508, Florida Statutes anized under the laws of the State of stered agent, or both, in the State of Florida.		ne.
1. The name of t	the corporation: BEALL'S PAC, INC.			
2. The principal office address: 1806 38TH AVENUE EAST, BRADENTON, FL 34208				
3. The mailing a	ddress (if different): PO BOX 25207.	BRADENTON, FL 34206-5207		_
		Document number: N93000003300		
5. The name and		agent and registered office on file with the	STOR	<b>to</b> D
	CORPORATION SERVICE COMPAN	ŧΥ		- 330
	1201 HAYS STREET		[].	۵
	TALLAHASSEE, FL 32301-2525		-L08	:O:
6. The name and (if changed):	I street address of the new registered ag	gent (if changed) and /or registered office	DA.	23
	Corporate Creations Network Inc.			
	11380 Prosperity Farms Road #221E			
	P.O. E Palm Beach Gardens, FL 33410	Box NOT acceptable		
The street address changed will	ess of its registered office and the stree be identical.	et address of the business office of its regist	ered ager	ıt,
Such change wa authorized by th	as authorized by resolution duly adopt ne board, or the corporation has been r	ed by its board of directors or by an officer notified in writing of the change.	so	
/s/ Caitlin	Lazarus	Caitlin Lazarus, Special Secretary Printed or typed name and title		_
I hereby accept I further agree to of my duties, an	the appointment as registered agent of to comply with the provisions of all sto d I am familiar with and accept the of		erforman . Or .if th rm that th	ce tis he
/s/ Caitlin L	azarus	12/9/2019		
Sig	nature of Registered Agent	Date		•
If signing on be	half of an entity:			
Caitlin Lazarus,	Attorney-in-Fact			
T	yped or Printed Name			
	* * * FILING F	FEE: \$35.00 * * *		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
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