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COVER LETTER

то:	TO: Amendment Section Division of Corporations								
SUBJI	ECT:	PACKRITE SEA	ALING, INC.						
DOCU	JMENT NUM	IBER: P10	000019629						
The en	closed Statem	ent of Change of Registered Offic	ce/Agent and fee are subm	itted for filing.					
Please return all correspondence concerning this matter to the following:									
			•						
		STACY BIEDRZYCK	I RENDUELES, ESQ.	•					
STACY BIEDRZYCKI RENDUELES, ESQ. Name of Contact Person									
STACY BIEDRZYCKI RENDUELES, P.A.									
Firm/Company									
	2047 CORREY! AND CHITE C								
	2047 OSPREY LANE, SUITE C Address								
LUTZ, ELORIDA 33549									
LUTZ, FLORIDA 33549 City/State and Zip Code									
SUSAN@RENDUELESLAW.COM									
E-mail address: (to be used for future annual report notification)									
For fur	ther informati	on concerning this matter, please	call:						
	SUSA	N A. BIEDRZYCKI	at (813)	948-7377					
	Name	of Contact Person	Area Code & Dayt	948-7377 ime Telephone Number					
Enclosed is a \$35.00 check made payable to the Department of State.									
٠.	٠	Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address Amendment S Division of Co Clifton Buildi 2661 Executiv Tallahassee, F	ection orporations ng ve Center Circle					

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

statement of cha	nnge is submitted for a co	rporation organizea	07.1508, or 617.1508, Flor I under the laws of the State I agent, or both, in the State	of FLORIDA			
1. The name of t	the corporation: PACK	RITE SEALIN	IG, INC.				
2. The principal	office address: 4140 W	INDING RIVER	WAY				
LAND O L	AKES, FLORIDA 33	549	·				
3. The mailing a	ddress (if different):						
4. Date of incorp	poration/qualification:	03/04/2010	Document number:	P10000019629			
	d street address of the current of State: (If resigne		and registered office on fil	e with the			
	STACY BIEDRZYC	KI RENDUELE	S, P.A.				
	1532 LAND O LAKES BLVD., SUITE B						
	LUTZ, FLORIDA 3	3549		SEC.			
6. The name and (if changed):	street address of the new	registered agent (if	changed) and /or registered	SSEX -			
	STACY BIEDRZYC	KI RENDUELE:	S, P.A.	MICH OF STATE OF STAT			
	2047 OSPREY LAN	NE, SUITE C		ORAL -			
	LUTZ, FLORIDA 33	P O. Box NOT acce	eptable	pm #			
The street addre	ess of its registered office be identical.	and the street add	ress of the business office	of its registered agent,			
_ V dil	1/1 1/2/		its board of directors or bed in writing of the change ONALD P. BIEDRZY Printed or typed name	CKI, JR., PRES.			
I hereby accept I further agree t of my duties, and document is bein corporation has	the appointment as regi o comply with the provis d I am familiar with and ng filed merely to reflect been notified in writing	tered agent and ag ions of all statutes accept the obligate a change in the re of this change.	rree to act in this capacity, relative to the proper and ion of my position as regis gistered office address, I h	complete performance tered agent. Or, if this vereby confirm that the			
Sigr	nature of Registered Agent	ll_	12/03/2010				
If signing on bel	half of an entity:						
STACY BIE	EDRZYCKI RENDUI	ELES					

* * * FILING FEE: \$35.00 * * *

Typed or Printed Name