

(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Name)
(Document Number)		
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Certified Copies	_ Certificates o	i Status
Special Instructions to	Filing Officer:	

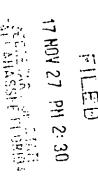




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RIPION



November 17, 2017

BRIAN NELSON 611 MARINER WAY ALTAMONTE SPRINGS, FL 32701

SUBJECT: PIPER PAPER SUPPLY, INC.

Ref. Number: P11000037225

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 517A00023419

Susan Tallent Regulatory Specialist II

17 NOV 27 PH 2: 32

COVER LETTER

TO: Amendment Section Division of Corporations		
SUBJECT: Piper Paper Supply, INC. Name of Corporation		
DOCUMENT NUMBER: P11000037225		
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
Name of Contact Person		
Firm/Company		
Address Clay		
Address A Hawonte Spring F1 32701 City/State and Zip Code		
E-mail address: (to be used for future afinual report notification)		
For further information concerning this matter, please call:		
Name of Contact Person at (321) 262-3431 Area Code & Daytime Telephone Number		
Name of Contact Person Area Code & Daytime Telephone Number		
Enclosed is a \$35.00 check made payable to the Department of State.		
Mailing Address: Amendment Section Street Address: Amendment Section		

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Clifton Building

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

CR2E045 (03/12)

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this
statement of change is submitted for a corporation organized under the laws of the State of 4-/60 y 1 de
in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: Riper Paper Supply, INC
2. The principal office address: 611 Mariner Way
A Harrante Springs, F1, 32701
3. The mailing address (if different):
3. The maning address (if differency)
4. Date of incorporation/qualification: 4/15/2011 Document number: P1100003.7225
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)
Robert W RASCH PA
201 Live Oak Liv.
Altanonte Springs, F1. 32714
6. The name and street address of the new registered agent (if changed) and /or registered office of the new registered agent (if changed):
Brian Nelsien 3 3 3
BOBON NOT RECORDABLE W
Brian Nels. En 611 Mariñer Way P.O. Box NOT acceptable Alfamorite Springs, F1. 32701
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.
Signature of an officer or director ROBORT W. RASCH, Presiden
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.
Signature of Registered Agent Date
If signing on behalf of an entity:
Typed or Printed Name

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (03/12)

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