(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Decument Number)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		





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06/20/13--01005--005 \*\*35.00

## **COVER LETTER**

TO: Amendment Section Division of Corporations	
SUBJECT: CO-PACKERS OF AMI	ERIA IPC Corporation
DOCUMENT NUMBER: P110000	120 61
The enclosed Statement of Change of Registered Office	ce/Agent and fee are submitted for filing.
Please return all correspondence concerning this matte	er to the following:
Awite L D Name of Co	Eu REI BEISS intact Person
Firm/Co	отрану
1735 PATE	RSO AUE
DECM D F	TC 32 72 4 nd Zip Code
E-mail address: (to be used for i	tuture annual report notification)
For further information concerning this matter, please	call:
Name of Contact Person	at () Area Code & Daytime Telephone Number
Enclosed is a \$35.00 check made payable to the Depar	rtment of State.
Mailing Address: Amendment Section Division of Corporations P.O. Box 6327	Street Address: Amendment Section Division of Corporations Clifton Building
Tallahassee, FL 32314	2661 Executive Center Circle Tallahassee, FL 32301

TO:

## \* 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
1. The name of the corporation: CO-PACK ERS OF AMIS NICH, INC.
2. The principal office address: 1735 PATTERSON AVE
3. The mailing address (if different):
4. Date of incorporation/qualification: 65/23/2011 Document number: P11000 0 49055
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)
1735 PATTERSON AVE
DELAND, FL 32 774
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
12505 SW 133 CT STATE OF RATION
P.O. Box NOT acceptable  Minni FZ 33186
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 me board, or the corporation has been notified in writing of the change.
Signature of an officer or director  Printed or typed manne and title
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  * * * FILING FEE: \$35.00 * * *

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