

P11000090859

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

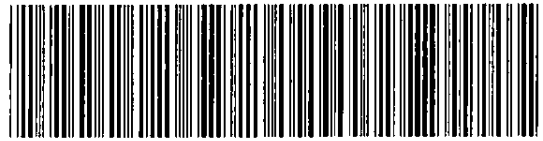
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700437132997

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Pack's Forensic Recon Services, Inc.
Name of Corporation

DOCUMENT NUMBER: P11000090859

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:

Urias Pack
Name of Contact Person

Pack's Forensic Recon Services, Inc.
Firm/Company

1655 Lake Reserve Drive
Address

Deland, FL 32724
City/State and Zip Code

Rodney@crashadvice.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Urias Pack at 407, 375-4260
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
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**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 Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Pack's Forensic Recon Services, Inc.
2. The principal office address: 1653 Lake Reserve Drive
Deland, FL 32724
3. The mailing address (if different): P.O. Box 921, New Smyrna Beach, FL 32170
4. Date of incorporation/qualification: 10/17/2011 Document number: P11000090859
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)

URIAS G PACK
2016 Courtyard Loop 104
Sanford, FL 32771

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

URIAS G. PACK
1653 Lake Reserve Drive
P.O. Box NOT acceptable
Deland, FL 32724

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.

Urias G. Pack
Signature of an officer or director

Urias G Pack - President
Printed or typed name 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.

Urias G. Pack
Signature of Registered Agent

09/23/2024
Date

If signing on behalf of an entity:

Urias G Pack
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 (04/13)