

P12000008239

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

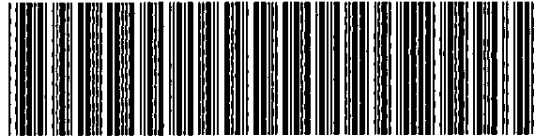
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100222404921

02/20/12--01021--014 **35.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

12 FEB 20 PM 3:16

FILED

No change

FEB 21 2012

T. LEWIS

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Holiday Pack & Ship, Inc
Name of Corporation

DOCUMENT NUMBER: P12000008239

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:

Sam Turner
Name of Contact Person

Holiday Pack & Ship, Inc
Firm/Company

4304
4304 Louis Ave
Address

Holiday, FL 34691
City/State and Zip Code

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

For further information concerning this matter, please call:

Sam Turner at (813) 527-1610
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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**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: Holiday Pack & Ship, Inc.
2. The principal office address: 4304 Louis Ave
Holiday, FL 34691
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 01/25/12 Document number: P12000008239
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)

Sam Turner
4111 Louis Ave Unit 10
Holiday, FL 34691

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

Sam Turner
4304 Louis Ave
P.O. Box NOT acceptable
Holiday, FL 34691

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

12 FEB 20 PM 3:16

FILED

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]
Signature of an officer or director

Sam Turner, 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.

[Signature]
Signature of Registered Agent

02/16/2012
Date

If signing on behalf of an entity:

Typed or Printed Name

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