

P13D 000030443

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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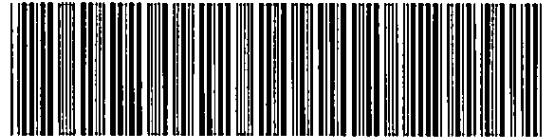
(Business Entity Name)

(Document Number)

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I ALBRITTON

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: **TIGER PACKAGING CORP**

Name of Corporation

DOCUMENT NUMBER: **P13000030443**

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:

PETER HORWITZ

Name of Contact Person

TIGER PACKAGING CORP

Firm/Company

2000 GLADES RD, STE 210

Address

BOCA RATON FL 33431

City/State and Zip Code

PETER@TIGERPACKAGING.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

PETER HORWITZ

Name of Contact Person

at (**561**) **7055429**

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 9, 2018

PETER HORWITZ
TIGER PACKAGING CORP
2000 GLADES RD - STE. 210
BOCA RATON, FL 33434

SUBJECT: TIGER PACKAGING CORP
Ref. Number: P13000030443

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

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

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.

Irene Albritton
Regulatory Specialist II

Letter Number: 718A00023219

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

1. The name of the corporation: TIGER PACKAGING CORP
2. The principal office address: 8177 GLADES RD, STE 111
BOCA RATON FL 33434
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 4-3-2013 Document number: P13000030443

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)

PETER I HORWITZ

8177 GLADES RD, STE 111

BOCA RATON FL 33434

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

PETER I HORWITZ

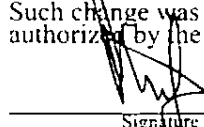
2000 GLADES RD, STE 210

P.O. Box NOT acceptable

BOCA RAOTN FL 33431

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

PETER HORWITZ 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 of Registered Agent

11-15-18

Date

If signing on behalf of an entity:

Typed or Printed Name

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