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To:

Division of Corporations

Fax Number : (850)617-6380

From:

رنن

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053 Phone : (561)694-8107 Fax Number : (561)214-8442

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

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REGISTERED AGENT CHANGE ADAMS PACKING ASSOCIATION, INC.

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

statement of cha	ange is submitted for a corpor	02, 617.0502, 607.1508, or 617.1508, Florida Statu ation organized under the laws of the State of <mark>Delav</mark> ce or registered agent, or both, in the State of Florid	vare	
1 The name of	the corporation: ADAMS PAC	CKING ASSOCIATION, INC.		
		HOMAS BLVD., DUBIN, OH 43017		
3. The mailing a	address (if different):			
4. Date of incor	poration/qualification: 09/11/	1987 Document number: P15934		
	d street address of the current rtment of State: (If resigned, e	registered agent and registered office on file with the inter resigned)	e	
	C T CORPORATION SYSTE	EMC/O CT CORPORATION SYSTEM		
	1200 SOUTH PINE ISLAND ROAD			
	PLANTATION, FL 33324			
6. The name an (if changed):	-	gistered agent (if changed) and /or registered office		
(ii cianged).	United Agent Group Inc.		28°3	
	801 US Hwy I		20°3 NOV	
		P.O. Box NOT acceptable	16	
	North Palm Beach, FL 33408		5	
The street addr	ess of its registered office and I be identical.	d the street address of the business office of its reg	sistered agent	
Such change w authorized by t	as authorized by resolution d he board, or the corporation b	uly adopted by its board of directors or by an officens been notified in writing of the change.	er so	
/s/ Sean Amo		Sean Arno, Attorney-in-Fact		
Signati	ure of an officer or director	Printed or typed name and title		
I further agrée of my duties, ai document is be	to comply with the provision.	ed agent and agree to act in this capacity, s of all statutes relative to the proper and complete rept the obligation of my position as registered age hange in the registered office address, I hereby co his change.	e performanc ent. Or if thi enfirm that the	
/s/ Sean Arno)	t 1/06/2020		
	gnature of Registered Agent	Date		
If signing on be	ehalf of an entity:			
Sean Arno, Spec	ciał Secretary			
1	Typed or Printed Name			

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