

P17 0000 35190

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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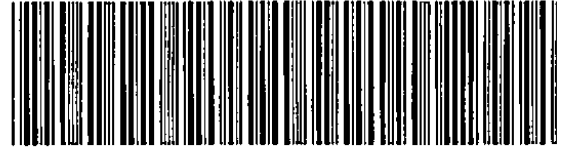
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FL 32399

SEP 14 2021

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## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Allpac Worldwide, Inc.  
Name of Corporation

**DOCUMENT NUMBER:** P17000035190

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:

Ms. Danielle Muren

Name of Contact Person

AllPac Worldwide, Inc.

Firm/Company

P.O. Box 1516

Address

Palatka, Florida 32178

City/State and Zip Code

sales@allpacworldwide.com

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

For further information concerning this matter, please call:

Danielle Muren

Name of Contact Person

at (904) 982-7994

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

1. The name of the corporation: Allpac Worldwide, Inc.
2. The principal office address: 6549 Broadway Avenue  
Jacksonville, Florida 325154
3. The mailing address (if different): P.O. Box 1516, Palatka, Florida 32178
4. Date of incorporation/qualification: 04/18/2017 Document number: P17000035190
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)

Mr. James Bledsoe, Bledsoe Jacobson Schmidt

501 Riverside Ave #903

Jacksonville, Florida 32202

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

Mr. James Bledsoe, Bledsoe Jacobson Wright

1616 Jork Road, Suite 201

P.O. Box NOT acceptable

Jacksonville, Florida 32207

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

\_\_\_\_\_  
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.*

James A. Bledsoe Jr.  
Signature of Registered Agent

30 August 2021  
Date

If signing on behalf of an entity:

James A. Bledsoe Jr.  
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)

2021 SEP -2 PM 12:33  
SECRETARY OF STATE  
TALLAHASSEE, FL 32314