

P93 0000 84913

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

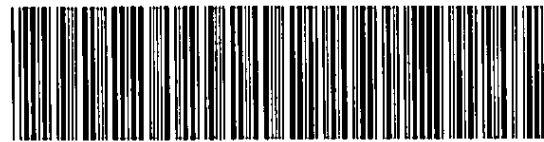
(Business Entity Name)

(Document Number)

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2019 MAY 17 AM 8:15

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MAY 18 2019
I ALBRITTON

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: VISTAPAK INDUSTRIES INC

Name of Corporation

DOCUMENT NUMBER: P93000084913

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:

AARON PETERSEN

Name of Contact Person

VISTAPAK INDUSTRIES INC

Firm/Company

1103 THOMAS AVENUE

Address

LEESBURG, FL 34748

City/State and Zip Code

apetersen@vistapak.com

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

For further information concerning this matter, please call:

Aaron Petersen

Name of Contact Person

at (336) 575-2593

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

May 6, 2019

AARON PETERSEN
1103 THOMAS AVENUE
LEESBURG, FL 34748

SUBJECT: VISTAPAK INDUSTRIES, INC.
Ref. Number: P93000084913

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

The registered agent must sign accepting the designation.

Please sign in the space provided for the new registered agent signature.

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: 619A00008859

RECEIVED
2019 MAY 17 AM 10:17
SECRETARY OF STATE
TALLAHASSEE, FL

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

1. The name of the corporation: Vistapak Industries Inc
2. The principal office address: 1103 Thomas Avenue
Leesburg, FL 34748
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 12-6-1993 Document number: P93000084913

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)

Martin, Richard G

27426 Highlander Ct

Yalaha, FL 34797

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

Petersen, Aaron


1103 Thomas Avenue

P.O. Box NOT acceptable

Leesburg, FL 34748

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.

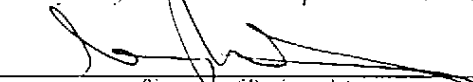


Signature of an officer or director

Aaron Petersen

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

4-18-19

Date

If signing on behalf of an entity:

Typed or Printed Name

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