

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1(Corpora	tion Name)	(Document #)		
2(Corpora	tion Name)	(Document #)	≥ or	9 9
3(Corpora	tion Name)	(Document #)		5 71
4	ation Name)	(Document #)		
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Mail out	AMENDMENTS			
Profit	Amendment			01071021
NonProfit	Resignation of R.A., O	fficer/Director	*****35.0	10 *****35.00
Limited Liability	Change of Registered A	Agent		
Domestication	Dissolution/Withdrawa	al	`	
Other	Merger		T	<b>-</b>
OTHER FILINGS   Annual Report   Fictitious Name   Name Reservation	REGISTRATI   QUALIFICAT   Foreign   Limited Partnership   Reinstatement   Trademark   Other	on/ ION C	A 399 00 20 CM	K
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Examiner's Initials

0020031(1/95)

## 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, the undersigned corporation organized under the laws of the State of  $\_$  Florida

submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation is: C+L PACKAGING INC

2. The mailing address of the corporation is: 3534 NW 40 Terr Gainesville FL 32606

3. Date of incorporation/qualification: 8-23-94 Document number: <u>P94000063021</u>

4. The name and address of the current registered agent and office:

IAMES 32606

5. The name and address of the new registered agent and office: (P. O. Box Not Acceptable)

1 hompson 32608

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

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(Signature of an officer, chairman or vice chairman of the board)

harles James (Printed or typed name and title)

Having been named as registered agent and to accept service of process for the above stated corporation, 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.

Signature of Registered Agent)

If signing on behalf of an entity:

ayne

Thompson	President	÷	-	
(Typed or Printed Name)	(Capacity)			

5/26/99 (Date)

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

CR2E045(7/97)

DIVISION OF CORPORATIONS

<u>5-26-99</u> (Date) ភ្នំ