Division of Corporations Public Access System

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(((H08000123544 3)))



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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

: ROTHSTEIN, ROSENFELDT, ADLER Account Name

Account Number : 072164000350

Phone

: (954)522-3456

Fax Number

: (954) \$27-8663

## REGISTERED AGENT CHANGE

ALL PACKAGING SUPPLIES, INC.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

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May 7, 2008

#### FLORIDA DEPARTMENT OF STATE

Division of Corporations

ALL PACKAGING SUPPLIES, INC. 3125 JOHN P CURCI DR. BAY 1 PEMBROKE PARK, FL 33009US

SUBJECT: ALL PACKAGING SUPPLIES, INC. OR ROTESTEIN ROSENFELDT

ADLER, P.A.

REF: P96000085308

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

We need to know which corporation are you changing the registered agent one. You gave us the corporate name on the cover page as ALL PACKAGING SUPPLIES, INC. withthat document number on the form but you gave us ROTHSTEIN ROSENFELDT ADLER, P.A. name on the document to change thier regsiteredagent. Please decided which corporation you are wanting to change the agent for.

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) 245-6927.

Tracy Smith Document Specialist FAX Aud. #: H08000123544 Letter Number: 708A00029326

P.O BOX 6327 - Tallahassee, Florida 32314

### **COVER LETTER**

Division of Corporations				
SUBJECT: Rothstein Rosenfeldt Adler				
(Name of Corporation)				
DOCUMENT NUMBER: P96000085308				
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:				
Richard B. Storfer, Esq.				
(Name of Contact Person)				
Rothstein Rosenfeldt Adler				
(Firm/Company)				
401 East Las Olas Blvd. Ste. 1650 (Address)				
Fort Lauderdale FL 33301				
(City/State and Zip Code)				
For further information concerning this matter, please call:				
Richard B. Storfer, Esq. at (954) 522-3456 (Name of Contact Person) (Area Code & Daytime Telephone Number)				
(148016 Of College Leison) (West Comp & Dalama Votabrione Literature)				
Enclosed is a \$35.00 check made payable to the Department of State.				
Mailing Address: Street Address: Amendment Section Amendment Section				
Division of Corporations Division of Corporations				
P.O. Box 6327 Clifton Building				

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

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

statement of ch	ange is submitted for a corpor	ation organi	t, 607.1508, or 617.1508, Florida Su zed under the laws of the State of <u>F</u>	lorida
in ord	ler to change its registered offi	ce or registe.	red agent, or both, in the State of Flo	orida.
1. The name of	the corporation: ALL PACKA	GING SUPP	LIES, INC.	
2. The principa	office address: 3125 John	P Curci Dr.	Bay 1, Pembroke Park, FL 33	009
3. The mailing	address (if different):			
4. Date of incom	rporation/qualification: 10/16	3/96	Document number: P960000	85308
	d street address of the current surment of State:	registered ag	ent and registered office on file with	the
	Frank Risoli			
	3/25/03 removed 4	/30/03		
	Pembroke Park, FL	33009		
<ol> <li>The name and (if changed):</li> </ol>		ist <b>ero</b> d agent	(if changed) and /or registered office	
	Richard B. Storfer,	Esq.		FILED 08 HAY -9 1 SECRETARY TALLAHASSE
	401 East Las Olas		e <u>. 1650</u>	FILEU Y-9   HASSE
		OT acceptable)	00004	SEX A
	Fort Lauderdale	FL	33301	AND:
The street address changed will	ess of its registered office and I be identical.	i the street a	ddress of the business office of its a	registered 9
Such change was authorized by ti	as authorized by resolution de he board or the corporation b	uly adopted as been noti	by its board of directors or by an of fied in writing of the change.	fficer so
Signali	ure of the offices or director)		Richard B. Storfer, Esq., Reg	istered Agent
Mereby accept I further agree to of my duties, an document is bei	parker.	d agent and of all status ept the oblig lange in the his change.	agree to act in this capacity es relative to the proper and compl ation of my position as registered to registered office address, I hereby	
			5/7/2008	
	gnature of Registered Agent)	·	(Date)	
lf signing on be	half of an entity:			
	Storfer, Esq.			
(1	Typed or Printed Name)			

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