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	(Reques	stor's Name)		
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SECRETARY OF STATE
TALLAHASSEE, FI.

6/4/21



CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Ami Casper ami.casper@cscglobal.com

Date: April 29, 2021

Order#: 782289-090

Re: TARSCO, INC.

Enclosed please find:

XX __ Change of Registered Agent and Office.

XX Check in the amount of \$35.

Please take the following action:

XX File in your office on a routine basis.

XX ____ Issue Proof of Filing.

XX __ Please return evidence to the following:

Attn: Ami Casper

c/o Corporation Service Company

251 Little Falls Drive Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

OUCA.XCOA

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

statement of cha	provisions of sections 607.0502, 61 inge is submitted for a corporation r to change its registered office or i	organized under the lav	ws of the State	g of California	_
1. The name of t	the corporation: TARSCO, INC.				
2. The principal	office address: 25000 Pitkin Road	l, Spring, TX 77386			
3. The mailing a	ddress (if different):				_
4. Date of incorp	poration/qualification: 11/10/2011	Document i	number: F11	1000004529	
	I street address of the current registe tment of State: (If resigned, enter re		ed office on fi	le with the	
	C T Corporation System	_			
1200 South Pine Island Road				202 SE	
	Plantation	FL	33324	I HAY CRET	
6. The name and (if changed):	I street address of the new registered	d agent (if changed) and	d /or registere	d office SA	
	Corporation Service Company			AM IO: 36 OF STATE SEE, FI.	
	1201 Hays Street			. ∺	
	F	O Box NO Facceptable			
	Tallahassee	FL	32301		
The street addre	ess of its registered office and the s be identical.	street address of the bu	siness office	of its registered age	ent.
Such change wa author(ze) by th	as authorized by resolution duly ad ne board, or the corporation has be	lopted by its board of d en notified in writing o	firectors or by	y an officer so	
Xiel	2 Comi	Jill Cilmi, Vice I	President		
Signatur	re of an officer or director	Printi	ed or typed name	and title	_
I further agree to of my duties, an document is beil corporation has	the appointment as registered age to comply with the provisions of al d I am familiar with and accept th ng filed merely to reflect a change been notified in writing of this ch n Service Company	l statutes relative to the e obligation of my pos- in the registered office	e proper and ition as regis	complete performa tered agent. Or, if	mce this the
ву:	en M Lei	04/29/2021			
Sign	nature of Registered Agent		Date		_
If signing on be	half of an entity:				
Ami M. Casper,	Asst. Vice President				
	vped or Printed Name				

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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