Division of Corporations

5/29/24, 12:58 PM

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081

Phone Fax Number : (307)200-2803 : (813)436-5206

**Ent	er	the	email	address	for	this	business	entity	to	be	used	for	future
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LLC REGISTERED AGENT CHANGE KINDER CHEMICALS, LLC

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Page Count	02
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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. N	fame of the limited liability company: Kinder Chemicals	LLC	
2. (a)		(b)	
•	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	08/07/23		00370069
3.	Date of filing/registration in Florida	4.	Document number
5. (a) WALKER, CHRISTOPHER		
. ,,	Registered Agent and Registered Office shown on the records of		
	Registered Office Address (MUST BE FLORIDA STREET)	ADDRESS)	FILI 2024 HAY 29 SEUKE JAK TÄLLAHASS
	1328 HWY A1A		
	SATALITE BEACH	32937	TILE LANASSE
(b)			
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u> 7901 4th St N	i Office address:	1: 45 10810/
	NEW Registered Office Address:		
	STE 300		
	St. Petersburg, FL	33702	
the chagent was/w the ar	limited liability company is not organized under the law ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited livere authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the	f the registered ability compa of the limited climited liabil	d office and the business office of the registered ny, it is hereby confirmed that the change(s) liability company or as otherwise provided in ity company.
	ature of a member or authorized representative of a member	Robin Jon	
I here provi; the ob to med notific	ature of a member of authorized representative of a member solve accept the appointment as registered agent and agressions of all statutes relative to the proper and complete oligations of my position as registered agent as provide rely reflect a change in the registered office address, I see in writing of this change. Only David Roberts - Assistant See		Printed or typed name of signee his capacity. I further agree to comply with the of my duties, and I am familiar with and accept ter 605, F.S. Or, if this document is being filed m that the limited liability company has been
	are of Registered Agent	•	