

# F93000005315

Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
 Fax Number : (850)617-6380

From: Account Name : C T CORPORATION SYSTEM  
 Account Number : FCA000000023  
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Attn: Carol Mustain

REGISTERED AGENT CHANGE  
BLACKLIDGE EMULSIONS, INC.

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$35.00

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*RAM*  
12/5/01

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** BLACKIDGE EMULSIONS, INC.  
Name of Corporation

**DOCUMENT NUMBER:** F93000005315

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:

K. BROOKE SHOULTZ  
Name of Contact Person

BLACKIDGE EMULSIONS, INC.  
Firm/Company

P.O. DRAWER 2909  
Address

GULFPORT, MS 39505  
City/State and Zip Code

bshultz@be-inc.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

BROOKE SHOULTZ at (228) 863-3878  
Name of Contact Person 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

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

- 1. The name of the corporation: BLACKLIDGE EMULSIONS, INC.
2. The principal office address: 12751 BERNARD PKWY, SUITE 200 GULFPORT, MS 39503
3. The mailing address (if different): P.O. DRAWER 2909 GULFPORT, MS 39505
4. Date of incorporation/qualification: 11/22/1993 Document number: F93000005315
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)

RESIGNED

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

CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324

P.O. Box NOT acceptable

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]

Brooke Shultz, Secretary

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.

James M. Halpin Assistant Secretary

11/29/2011 Date

If signing on behalf of an entity:

CT Corporation System

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

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