

**F93000005315**Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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

From: Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (850) 222-1092  
Fax Number : (850) 878-5368

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**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDAREGISTERED AGENT CHANGE  
BLACKLIDGE EMULSIONS, INC.

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

Attn: Carol Mustain

BAC  
12/5/01

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** BLACKLIDGE 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

BLACKLIDGE 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: 12251 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

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  
P.O. Box NOT acceptable  
PLANTATION, FL 33324

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]  
Signature of an officer or director

Brooke Shultz, Secretary  
Printed or typed name and title

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  
Signature of Registered Agent

11/29/2011

Date

If signing on behalf of an entity:

CT Corporation System

Typed or Printed Name

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

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

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