

(Rec	questor's Name)
(Add	dress)
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(City	y/State/Zip/Phone #)
PICK-UP	☐ WAIT ☐ MAIL
(Bus	siness Entity Name)
(Doc	cument Number)
Certified Copies	Certificates of Status
Special Instructions to F	Filing Officer:

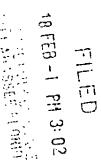
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COVER LETTER

TO:	Amendment Section Division of Corporations
SUBJE	CT: BLP PROducts Sac Name of Corporation
DOCU	MENT NUMBER: 431760
The end	losed Statement of Change of Registered Office/Agent and fee are submitted for filing.
	eturn all correspondence concerning this matter to the following:
	Name of Contact Person BLP Products Inc Firm/Company 1015 W. Church St Address
	City/State and Zip Code
	E-mail address: (to be used for future annual report notification)
	ner information concerning this matter, please call:
7	Seph MileRio at (Hot) H22-0394 Area Code & Daytime Telephone Number
Enclose	d is a \$35.00 check made payable to the Department of State.
	Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallabasean FL 32314 Street Address: Amendment Section Division of Corporations Clifton Building 2661 Everytive Corpor Circle

2661 Executive Center Circle

Tallahassee, FL 32301

Tallahassee, FL 32314

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 F
in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: But Reducts, Inc.
2. The principal office address: 1865 NE 238TH TER
fort moray FL 32134
3. The mailing address (if different):
4. Date of incorporation/qualification: The August 1943 Document number: 431460
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)
Harold W. Laws 30
18195 NE 2387H TER
70Rt McCoy 7L 32134 == ==
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Joseph Hilerio
6096 Lingeal Beach OR P.O. Box NOT accoptable
- Apople 71 32703
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.
Harold w Laws, \$1-25-18 Signature of an officer or director 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.
Signaturo of Registered Agent Date
signing on behalf of an entity:
JOSAPH HULDZIO 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 CR2E045 (03/12)