

804179

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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

RE-SUBMIT

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000000
Phone : (850) 203-8840
Fax Number : (850) 878-5368

Please retain original filing
date of submission 1/21

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

Email Address: _____

**REGISTERED AGENT CHANGE
BP PRODUCTS NORTH AMERICA INC.**

Certificate of Status	0
Certified Copy	0
Page Count	034
Estimated Charge	\$35.00

JAN 25 2016

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RA Change

16 JAN 21 AM 11:30
FCA000000000

1/22/2016 11:15:56 AM From: To: 8506176380(2/4)
850-617-6381 1/22/2016 8:51:50 AM PAGE 1/001 Fax Server



January 22, 2016

FLORIDA DEPARTMENT OF STATE
Division of Corporations

BP PRODUCTS NORTH AMERICA INC.
4101 WINFIELD ROAD
WARRENVILLE, IL 60555US

SUBJECT: BP PRODUCTS NORTH AMERICA INC.
REF: 804179

RE-SUBMIT
Please retain original filing
date of submission 1/21

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

PLEASE LIST THE PRINCIPAL OFFICE AND MAILING ADDRESS IN SECTIONS 2 AND 3 OF THE CHANGE OF REGISTERED AGENT FORM.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Darlene Connell
Regulatory Specialist III

FAX Aud. #: H16000017227
Letter Number: 316A00001422

RECEIVED
16 JAN 22 AM 11:52
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: BP PRODUCTS NORTH AMERICA INC.

Name of Corporation

DOCUMENT NUMBER: 804179

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:

Name of Contact Person

Firm/Company

Address

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Name of Contact Person

at (_____) _____
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

CR2E045 (03/12)

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

1. The name of the corporation: BP PRODUCTS NORTH AMERICA INC.
2. The principal office address: 501 Westlake Park Blvd., Houston, TX 77079
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 10/31/1933 Document number: 804179
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)

THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET SUITE 105 TALLAHASSEE, FL 32301

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

C T Corporation System
c/o C T Corporation System, 1200 South Pine Island Road
P.O. Box NOT acceptable
Plantation, Florida 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 of an officer or director

Jennifer Kurz Vice President

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.

By: C T Corporation System
[Signature]
Signature of Registered Agent

1/20/2016
Date

If signing on behalf of an entity:

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)