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то :

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

From:

Account Name	:	REGISTERED AGENTS INC.
Account Number	:	120090000081
Phone	:	(307)200-2803
Fax Number	:	(813)436-5206

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

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## **REGISTERED AGENT CHANGE MINERALS MANAGEMENT INC**

Certificate of Status	0
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Page Count	02
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## 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, Florido Statutes, this statement of change is submitted for a corporation organized under the laws of the State of \_MS in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: MINERALS MANAGEMENT INC

The principal office address:

3. The mailing address (if different):

4. Date of incorporation/qualification: 01/13/1965 Document number: 818422

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)

CT CORPORATION SYSTEM

1200 S. PINE ISLAND ROAD		یں۔ ایکا ا	2024	
	PLANTATION, FL 33324		FEB	
<ol> <li>6. The name and (if changed):</li> </ol>	street address of the new registered agent (if changed) and /or registered offi	ARY O	-9 A	r m
	Northwest Registered Agent LLC	EE, F	111:0	0
	7901 4th St N STE 300	11	1	

P.O. Box/NOT acceptable

St. Petersburg, FL 33702

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.

Hobson C McGehee III - President Standbre of an officer of director

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. Thereby confirm that the corporation has been notified in writing of this change.

Signature of Registered Agent

If signing on behalf of an entity:

Taylor Newman

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 (04/13)

02/09/2024 Date