Fax Serverage 1 of 1

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (85

: (850)617-6380

From:

Account Name : CORPORATION SERVICE COMPANY

Account Number : I20000000195 Phone : (850)521-1000 Fax Number : (850)558-1515

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

10 JUN 15 PH 1: 25
SECRETARY STATE
ALLAHASSEE, PLORIDA



REGISTERED AGENT CHANGE PHOSACID SERVICE & SUPPLY, INC.

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Corporate Filing Menu

Help

CR2E045 (8/05)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	inge is submitted for a corporation organ	02, 607.1508, or 617.1508, Florida Statute nized under the laws of the State of Delawe tered agent, or both, in the State of Florida	are	
1. The name of	the corporation: PHOSACID SERVICE &	& SUPPLY, INC.		· · · · · · · · · · · · · · · · · · ·
	office address:			
4 Parkway N	orth, Suite 400, Decrfield, IL 60015-2590			
3. The mailing a	address (if different):		**************************************	
4. Date of incor	poration/qualification: 02/23/1981	Document number: 848326		
	d street address of the current registered a rtment of State:	agent and registered office on file with the		
	CT Corporation System			
	1200 S. Pine Island Road			
	Plantation, FL 33324		Ŧw.	
6. The name and (if changed):	d street address of the new registered age		10 JUN 15 MEURI LAGY ALLAHASSE	
	Corporation Service Company		Sal 5	F
	1201 Hays Street			Ė
	(P.O. Box NOT acceptable	2)	€ =	
	Tallahassee, FL 32301		25	
The street address changed will	ess of its registered office and the street be identical.	t address of the business office of its regi	stered agent,	
Such change w authorized by t	as authorized by resolution duly adopte he board, or the corporation has been n	ed by its board of directors or by an office of the change.	er so	
Ila	nes Aralla	Blanca Lozada, Attorney in Fact		
I hereby accept I further agree of my duties, ar document is be corporation ha	when of an office of directory when of an office of an office of directory with the provisions of all stands of a subject of the object of the	(Proted or typed name and title) Ind agree to act in this capacity. Itutes relative to the proper and complete ligation of my position as registered ages the registered office address, I hereby com 2.	performance nt. Or, if this Ifirm that the	
By: Sugar	16	June 14, 2010		
(Si	gnature of Registered Agent)	(Date)		
If signing on be	chalf of an entity:			
	wson, Asst. Vice President		•	
(Typed or Printed Name) *** FILING F	ምም. ድንድ <u>በ</u> ስ ቁ ቁ ቁ		
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