## 30200000255

(Requestor's Name)	
(Address)	
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(City/State/Zip/Phone #)	
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02/2/24

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

	ACCOUNT NO.	:	I20000001	95	
	REFERENCE	:	312765	7482226	
	AUTHORIZATION	:			
	COST LIMIT	:	\$ 3,51:00	leven	
ORDER DATE :	February 9, 2024				
ORDER TIME :	10:40 AM				
ORDER NO. :	312765-011				(3)
CUSTOMER NO:	7482226				
CHANGE OF AGENT					Trap 
				17.	io: 2 <b>3</b>
NAME :	GULF SULPHUR LLLP	SER	VICES LTD.,		
	THE FOLLOWING AS	PRO	OOF OF FILIT	√G :	
·	STAMPED COPY				
CONTACT PERSON	J. Shauna Godbol	+			

EXAMINER'S INITIALS:

## LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT, OR BOTH

Pursuant to the provisions of section 620.1115, Florida Statutes, the undersigned limited partnership or limited liability limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

GULF SULPHUR SERVICES, LTD., LL	.LP				
Name of Limited Partnershi	•	•	rship		
2. 07/18/2002	3.	3. B02000000255			
Date of filing/registration in Florida		iment number			
4. The name of the registered agent and the rep Department of State:	gistered office addr	ess as shown on th	ne records of the Florida		
C T Corporation Syste	em				
	Name		_		
1200 South Pine Islan	nd Road		_		
	Address		_		
Plantation, FL 33324			_		
Ci	ty, State and Zip		•		
5. The name and Florida street address of the n	new registered agen	and/or office:			
Corporation Service C	Company				
	Name				
1201 Hays Street					
Florida street add	Florida street address (P.O. Box not acceptable)				
Tallahassee		FL. 32301			
Cit	ty, State and Zip		-		
i. Such change(s) is/are effective when filed by	y the Florida Depar	tment of State.			
Xie & agnie	Jill Cilmi, A	Authorized Perso	on on behalf of Sulphu		
Signature of General Partner	LLC, General Partner				
hereby accept the appointment as registered a comply with the provisions of all statutes relative and I am familiar with an accept the obligation	ve to the proper and	l complete perfori	n. I further agree to mance of my duties,		
Ceim les	Corporat	orporation Service Company			
signature of Registered Agent	— Ami M.	Casper, Asst. Vic	e President		

\$35.00

Filing Fee:

Certified Copy (optional): \$52.50