## F00000000 2445

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115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: 120000000088

Date:08	3/07/2019	
Name:	Joy Weaver	_
Reference #:	1107618	<u> </u>
Entity Name:	MAJESTIC TER	MINAL SERVICES, INC.
	of Incorporation/Authorization	on to Transact Business
☐ Amendm		
✓ Change □ Reinstate	-	
☐ Convers	ion	
☐ Merger		
Dissoluti	on/Withdrawal	
Fictitious	s Name	
Other		
Authorized Amo	ount:\$35.00	

F: 800.944.6607

F: +852.2682.9790

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

statement of ch	provisions of sections 60 ange is submitted for a co er to change its registered	rporation organize	ed under the laws o	of the State o	WASHIN				
1. The name of	The name of the corporation: MAJESTIC TERMINAL SERVICES, INC.								
	office address:								
3 Sugar Creek Ctr., Suite 450			Sugar Land		TX 77478		78		
3. The mailing	address (if different):	<u> </u>							
4. Date of incorporation/qualification: 05/03/2000			Document num	F00000002445					
	d street address of the cur rtment of State: (If resign		nt and registered of	ffice on file	with the				
	C T CORPORAT	ON SYSTEM C/C	C T CORPORAT	ION SYSTE	EΜ				
	1	1200 SOUTH PINE ISLAND ROAD			SEC	2019 AUG			
•	Plantat	lon	FL	33324	- <u> </u>	AUC	-		
<ol><li>The name and (if changed):</li></ol>	and street address of the new registered agent (if changed) and /or registered office.  COGENCY GLOBAL INC.								
•		P.O. Box NOT acceptable							
	Tallahas	see	Florida	32301	_				
The street address changed will	ess of its registered office be identical.	and the street add	lress of the busine	ss office of	its register	ed ageni	t,		
Stuff	as authorized by resolutione board, or the corporati		Robet Hiegel, Tr						
I hereby accept I further agree performance of agent. Or, if th	the appointment as registor comply with the provision of	tered agent and a lions of all statutes liar with and acce I merely to reflect been notified in w	gree to act in this relative to the propt the obligation of a change in the re riting of this chan	capacity, oper and co of my positic gistered offi ge.		tered s, I			
If signing on be	nature of Registered Agent  - half of an entity:			- / ( (c / 2 c)					
Sa	m Jones								
Т	yped or Printed Name	<del></del>							

\* \* \* FILING FEE: \$35.00 \* \* \*