

F0100000001786

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

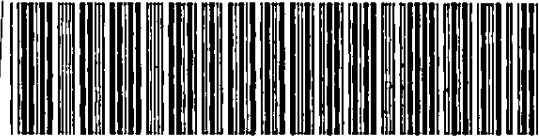
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

RA/RD/chg

AUG 01 2017

I ALBRITTON

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: TRIANGLE CHEMICAL COMPANY  
Name of Corporation

DOCUMENT NUMBER: F 01000001786

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:

HENRY PUCKETT  
Name of Contact Person

TRIANGLE CHEMICAL COMPANY  
Firm/Company

117 PRESTON COURT  
Address

MACON GA 31210  
City/State and Zip Code

hdpuckett@trianglecc.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

HENRY PUCKETT at (478) 743-1548  
Name of Contact Person 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

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

1. The name of the corporation: TRIANGLE CHEMICAL COMPANY
2. The principal office address: 117 PRESTON COURT  
MACON GA 31210
3. The mailing address (if different): P.O. BOX 4528  
MACON GA 31208
4. Date of incorporation/qualification: 3-27-2001 Document number: EO1000001786
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)

MARSHALL FRASIER  
720 W. MEYERS BLVD  
MASCOTTE FL 34753

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

ROBERT BROOKER  
2832 OLD STATE RD # 8  
P.O. Box NOT acceptable  
VENUS FL 33960

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TALLAHASSEE, FLORIDA

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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.

Henry Puckett  
Signature of an officer or director

HENRY PUCKETT / CFO  
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.

Robert A. Brooker  
Signature of Registered Agent

7/24/2017  
Date

If signing on behalf of an entity:

ROBERT BROOKER  
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)