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Office Use Only



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APR 07 TOTE ALBRITTON CORPORATION SERVICE COMPANY

1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195

REFERENCE : 591672 8375386

AUTHORIZATION : Spelle de man

COST LIMIT : \$35.00

ORDER DATE : April 5, 2022

ORDER TIME : 9:51 AM

ORDER NO. : 591672-004

CUSTOMER NO: 8375386

CHANGE OF AGENT

NAME: PURE OIL JOBBERS COOPERATIVE,

INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Alexxis Weiland

EXAMINER'S INITIALS:

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 NC
in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: PURE OIL JOBBERS COOPERATIVE, INC.
2. The principal office address: 117 Spratt Street Suite C, Fort Mill, SC 29715
3. The mailing address (if different):
4. Date of incorporation/qualification: 04/10/2009 Document number: F09000001524
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)
COGENCY GLOBAL INC.
COGENCY GLOBAL INC. 115 North Calhoun St. Suite 4 Tallahassee, FL 32301
Tallahassee, FL 32301
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Corporation Service Company
1201 Hays Street
PO Box NOT acceptable
Tallahassee FL 32301
The street address of its registered office and the street address of the business office of its registered age 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.
Jill Cilmi, Vice President
Signature of an officer or director Printed or typed name and title
I hereby accept the appointment as régistered agent and agree to act in this capacity. I furthér agree to comply with the provisions of all statutes relative to the proper and complete performa of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if t 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. Corporation Service Company
By: Whole L-Kinble 04/06/2022
Signature of Registered Agent Date
If signing on behalf of an entity:
Grace E. Kirby, Asst. Vice President 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)