## F1000005715

(F	Requestor's Name)			
(4)	Address)			
(É	Address)			
(0	City/State/Zip/Phone #)			
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
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CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195					
REFERENCE : 774464 8382627					
AUTHORIZATION: Spelle man					
COST LIMIT : \$35.00					
ORDER DATE : June 28, 2022					
ORDER TIME : 9:02 AM					
ORDER NO. : 774464-004					
CUSTOMER NO: 8382627					
<b></b>					
CHANGE OF AGENT					
NAME: BUCKEYE DIAMOND LOGISTICS, INC.					
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:					
CERTIFIED COPY XX PLAIN STAMPED COPY					
CONTACT PERSON: Eyliena Baker					
EXAMINER'S INITIALS:					

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

statement of cha	provisions of sections 607.0502, 617.0 ange is submitted for a corporation org er to change its registered office or reg	ganized under the laws of the State of $\_$	Ohio		
1. The name of	the corporation: BUCKEYE DIAMO	ND LOGISTICS, INC.			
2. The principal	office address: 15 Sprague Avenue,	South Charleston, OH 45368			
3. The mailing a	address (if different):				
4. Date of incorporation/qualification: 12/29/2010 Document number: F10000005715					
	d street address of the current registere rtment of State: (If resigned, enter resig		th the		
	Capitol Corporate Services, Inc.		_		
	515 East Park Avenue, 2nd Floor				
	Tallahassee	FL 32301	J.V.I. SECE	7072 .	
6. The name and (if changed):	d street address of the new registered a	gent (if changed) and /or registered off	ice CLAHAS		
	Corporation Service Company		MO MM	R	-
	1201 Hays Street			a Ö	•
	P.O. 1	Box NOT acceptable		0	
	Tallahassee	FL 32301			
The street addre	ess of its registered office and the stre be identical.	et address of the business office of its	registered ag	gent,	
Such change wa	as authorized by resolution duly adoption board, or the corporation has been in	ted by its board of directors or by an contified in writing of the change.	officer so		
Xiel	. E Comi	Jill Cilmi, Vice President			
Signatur	ture of an officer or director Printed or typed name and title				
of my duties, and locument is bein corporation has	the appointment as registered agent of the comply with the provisions of all stored I am familiar with and accept the of the filed merely to reflect a change in the province of this change in Service Company	bligation of my position as registered the registered office address, I hereby	olete perform agent. Or if confirm that	ance this the	
By: L	um Key	07/06/2022			
ŭ	nature of Registered Agent	Date			
i signing on bei	half of an entity:				
Ami M. Casper.	Asst. Vice President				

\* \* \* 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)

Typed or Printed Name