## F13000000046

(Requestor's Name)						
(Address)						
(Address)						
(7.651555)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
(2000						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						





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CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO	. :	12000000195					
REFERENCE	E :	081672	8392921				
AUTHORIZATIO	: 1		7.				
COST LIMI	Γ :	Synull	Elman				
ORDER DATE: October 27, 20:	22						
ORDER TIME : 9:44 AM							
ORDER NO. : 081672-010							
CUSTOMER NO: 8392921							
	<del>-</del>						
CHANGE OF AGENT							
NAME: MIDCONTINENT COMPANY, INC		HEMICAL					
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:							
CERTIFIED COPY  XX PLAIN STAMPED COPY							
CONTACT PERSON: Alexxis Weiland							
F	IIMAXE	NER'S INI'	rials:				

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

statement of cha	provisions of sections 607.0502, 6 nge is submitted for a corporation r to change its registered office or	organized under the law	s of the State of _	Colorado		
1. The name of t	he corporation: MIDCONTINENT.	AL CHEMICAL COMPA	NY, INC.	тогана.		
2. The principal	office address: 1802 E. 123rd Ter	race, Olathe, KS 66061				
3. The mailing a	ddress (if different):					
4. Date of incorp	oration/qualification: 01/03/2013	Document n	umber: F130000	000046		
	street address of the current registement of State: (If resigned, enter t		d office on file wi	ith the		
	URS Agents Inc			_		
	3458 Lakeshore Drive			_		
	Tallahassee,	FL	32312			
6. The name and (if changed):	street address of the new registers  Corporation Service Company	ed agent (if changed) and	/or registered off	2022 OCT 3 SECOLDA		
	1201 Hays Street					
	P.O. Box NOT acceptable					
	Tallahassee	FL	32301	AHIO:		
The street address changed will	ss of its registered office and the be identical.	street address of the bus	iness office of it	s registered ¶gent,		
Such change wa author(ze) by th	s authorized by resolution duly a e board, or the corporation has be	dopted by its board of di een notified in writing of	rectors or by an fithe change.	officer so		
Xie	2. agrici	Jill Cilmi, Vice				
/ -p	e of an officer of director		d or typed name and til			
corporation nas	the appointment as registered ago to comply with the provisions of a I I am familiar with and accept the of filed merely to reflect a change been notified in writing of this ch Service Company	ent and agree to act in the ll statutes relative to the ne obligation of my posite in the registered office tange.	his capacity, proper and com tion as registered address, I hereb	plete performance dagent. Or, if this by confirm that the		
ву: С	in Leil	10/31/2022				
Sign If signing on bel	adure of Registered Agent		Date			
	•					
<del></del>	Asst. Vice President ped or Printed Name					

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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