Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338

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Email	Address:	
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## REGISTERED AGENT CHANGE HUSKY MARKETING AND SUPPLY COMPANY

Certificate of Status	()
Certified Copy	1
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## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	nge is submitted for a corporation org	502, 607,1508, or 617,1508, Florida Statutes, this anized under the laws of the State of Delawate stered agent, or both, in the State of Florida.
	the corporation: Husky Marketing and S	·
2. The name of i	office address: 5550 BLAZER PKWY.	STE 200
	DUBLIN, OH 43017	
3. The mailing a	iddress (if different):	
4. Date of incorp	poration/qualification: 06/03/2019	Document number: F19000002575
	I street address of the current registered tment of State: (If resigned, enterresigned)	i agent and registered office on file with the ned)
	UNITED AGENT GROUP INC.	<b>20</b>
	801 US HIGHWAY I	2024 FEB
	NORTH PALM BEACH, FL 33408	<b>= 5 </b>
6. The name and (ifchanged):	I street address of the new registered ag	tent (if changed) and /or registered office SSE
	C T Corporation System	FL FILE
	1200 South Pine Island Road	
	P.O.3 Plantation, Florida 33324	tox NOT acceptable
The street addre is changed will	ess of its registered office and the stree be identical.	et address of the business office of its registered agent,
Such change wa authorized by th	is authorized by resolution duly adoptice board, or the corporation has been i	ed by its board of directors or by an officer so notified in writing of the change.
No.	e of an officer of allection	Andrea B. Helton Printed of typed name and little
l further agree I A my duties, an	ng filed merely to reflect a change in a been notified in writing of this chang	md agree to act in this capacity. autes relative to the proper and complete performance bligation of my position as registered agent. Or, if this the registered office address. I hereby confirm that the e.
	Sen Columb	12/22/2023
•	nature of Registered Agent half of an entity:	Date
	ICK, ASSISTANT SECRETARY	
	ped or Printed Name	

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TAELAHASSEE, FL 32314 CR2E045 (04/13)

By: