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To	Division of Corporations
• .	Fax Number : (850)617-6380
	om:
	Account Name : REGISTERED AGENTS INC.
	Account Number : I20090000081
	Priorie . (307/200-2003
•	Fax Number : (855)330-1010
	m (A)
*Enter	the email address for this business entity to be used for future
anı	nual report mailings. Enter only one email address please.**

REGISTERED AGENT CHANGE BERGHOLTZ COAL HOLDING COMPANY

Certificate of Status	0
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SEP 0 1 2021

S. PRATHER

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Corporate Filing Menu

Help

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

statem en t of cha	inge is submitted for a corporation o	.0502, 607.1508, or 617.1508, Florida Statutes, rganized under the laws of the State of Chicago	, this	-	
	•	gistered agent, or both, in the State of Florida.			
1. The name of	the corporation: BERGHOLTZ COAL	HOLDING COMPANY			_
2. The principal	office address: 7901 4th St N STE 3	900			_
St. Petersbu	rg FL 33702				
3. The mailing a	address (if different): 7901 4th St N ST	E 300			_
St. Petersb	urg FL 33702				_
4. Date of incon	poration/qualification: 07/16/2020	Document number: F20000003115			
	I street address of the current register rtment of State: (If resigned, enter res	red agent and registered office on file with the signed)			
	REGISTERED AGENT SOLUTION	₹S, INC.	==		
	155 OFFICE PLAZA DRIVE,	SUITE A		2021 A	
	TALLAHASSEE, FL 32301		A : S	U6 3	
6. The name and street address of the new register (if changed): Northwest Registered			EE, FLORIDA	2021 AUG 31 - AH 10: 05	G.
	7901 4th St N STE 300		7.	S	
		NOT acceptable			
	St. Petersburg FL 33702				
The street address changed will	ess of its registered office and the stable identical.	reet address of the business office of its registe	ered age	nt.	
Such change wa authorized by the	as authorized by resolution duly ado ne board, or the corporation has been	pted by its board of directors or by an officer son notified in writing of the change.	so		
<u> SCOTT 13</u>	ROUN re of an officer or director	SCOTT BROWN, DP Printed or typed name and title	<u></u>	-	
l further agree performance of agent. Or, if th	my duties, and I am familiar with a	statutes relative to the proper and complete nd accept the obligation of my position as regi reflect a change in the registered office addre	stered ss, I		
lon	Glove	08/31/2021			
Sig	nature of Registered Agent	Date		-	
If signing on be	half of an entity:				
Tom Glove	r				
·r	yned or Printed Name				

Make Checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 CR2E045 (03/12)

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