## 000005764

(Red	questor's Name)	· · ·
(Add	dress)	
. (Add	dress)	
(Cit	y/State/Zip/Phone	<del>)</del> #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Document Number)		
Certified Copies	Certificates of Status	
Special Instructions to	Filing Officer:	

Office Use Only



900241215699

10/30/12--01008--007 \*\*35.00

NOV 1- 2012

T. ROBERT



## Statement of Change of Registered Office or Registered Agent or Both for Corporations

Capitol Corporate Services, Inc.

PO Box 1831 Austin, TX 78767

Phone: 800-345-4647 Fax: 800-432-3622

regagent@capitolservices.com

Secretary of State **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314

DATE: STATE:

10/25/2012 **FLORIDA** 

**REP UNIT:** 

TAUBER PETROCHEMICAL CO.

Enclosed for filing please find a Statement of Change of Registered Office or Registered Agent or Both for Corporations for the above referenced name, which is to be filed in your office. Enclosed is check #23217 in the amount of \$35.00 for the filing fee. After filing, please return the file-stamped copy in the enclosed self-addressed envelope. If you have any questions please call 800-345-4647 and ask for the Change of Agent Section of the Registered Agent Department.

Should you need to return this document for any reason please send it to:

Capitol Corporate Services, Inc. PO Box 1831 Austin, TX 78767



## **COVER LETTER**

TO:	Amendment Section Division of Corporations	
SUBJI	JECT: TAUBER PETROCHEMICAL CO.  Name of Corporation	
DOCU	CUMENT NUMBER: F98000005764	
The en	enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing	ıg.
Please	se return all correspondence concerning this matter to the following:	
	Myra Simmons Name of Contact Person	
	Name of Contact Person	
	Capitol Services Registered Agent Departmen Firm/Company	t
	800 Brazos Ste 400	
	Address	
	Austin, TX 78701  City/State and Zip Code	
	E-mail address: (to be used for future annual report notification)	
For fur	further information concerning this matter, please call:	
	Myra Simmons         at ( 800 ) 345-4647           Name of Contact Person         Area Code & Daytime Telepho	
	Name of Contact Person Area Code & Daytime Telepho	ne Number
Enclos	osed is a \$35.00 check made payable to the Department of State.	
	Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314  Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center C	

## 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 TEXAS in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: TAUBER PETROCHEMICAL CO.
2. The principal office address: 55 Waugh Drive, Ste. 700
Houston, TX 77007
3. The mailing address (if different):
4. Date of incorporation/qualification: 10/15/1998 Document number: F98000005764
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)
C T Corporation System
C T Corporation System  1200 South Pine Island Road Street Address Plantation FL 33324
Street Address  Plantation FL 33324
City State Zip Code
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Capitol Corporate Services, Inc.
155 Office Plaza Drive, Suite A
Street Address P.O. Box NOT acceptable
Tallahassee FL 32301
The street address of its registered office and the street address of the business office of its registered agent, as changed will be dentical.
Such change yes 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.
Signature of all officer or director  RICHARD E TRUBER PRESIDENT Printed or typed name and title
I hereby accept the appointment as registered agent and agree to act in this capacity.  I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this 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.
Duanie Case 10.23.12 Signature of Registered Agent Date
If signing on behalf of an entity:
Delanie Case, Asst. Secretary on behalf of Capitol Corporate Services, Inc.
* * * 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 (03/12)