F9800005764

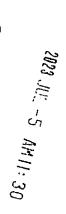
| (Requestor's Name) |
|---|
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| |
| (Address) |
| |
| (Address) |
| (Address) |
| |
| (City/State/Zip/Phone #) |
| |
| PICK-UP WAIT MAIL |
| L FICROP WAIT |
| |
| (Business Entity Name) |
| (Business Civily Name) |
| |
| (Document Number) |
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| |
| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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Office Use Only



000411359140

2023 JUL -5 77110: 15





CORPORATION SERVICE COMPANY 1201 Havs Street

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

| ACCOUNT NO | . : | 120000000 | 195 | | | |
|---|--------------|------------|-------------|-----------------------|--|--|
| REFERENC | Œ: | 822102 | 8416782 | | | |
| AUTHORIZATIO | : NO | 1 | Wall Board | | | |
| COST LIMI | T : | \$ 35.00 | rellèce par | | | |
| ORDER DATE : June 19, 2023 | | | | . | | |
| ORDER TIME : 9:33 AM | | | | | | |
| ORDER NO. : 822102-075 | | | | | | |
| CUSTOMER NO: 8416782 | | | | | | |
| | | | _~ | 20 2 3 JUL - 5 | | |
| CHANGE OF AGENT | | | | | | |
| NAME: TAUBER PETROCHEMICAL CO. | | | | | | |
| PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: CERTIFIED COPY | | | | | | |
| XX PLAIN STAMPED COPY | | | | | | |
| CONTACT PERSON: Eyliena Baker | | | | | | |
| | EXAMI | NER'S INIT | IALS: | | | |

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

| statement of cha | nge is submitted for a corporation or | 0502, 607,1508, or 617,1508, Florida Statutes, ganized under the laws of the State of TX gistered agent, or both, in the State of Florida. | this |
|--|--|---|--|
| 1. The name of | the corporation: TAUBER PETROCH | EMICAL CO. | |
| | office address: 55 WAUGH DRIVE S | | |
| 3. The mailing a | nddress (if different): | | |
| 4. Date of incorp | poration/qualification: 10/15/1998 | Document number: F98000005764 | |
| | d street address of the current registere rtment of State: (If resigned, enter resi | ed agent and registered office on file with the igned) | |
| | CAPITOL CORPORATE SERVICE | ES, INC | |
| | 515 EAST PARK AVENUE 2ND FI | <u> </u> | 2023 |
| | TALLAHASSEE | FL 32301 | 2023 JUL -5 |
| 6. The name and (if changed): | - | agent (if changed) and /or registered office | -5 ('110: I |
| | Corporation Service Company | | |
| | 1201 Hays Street | | Q. |
| | |). Box NOT acceptable | |
| | Tallahassee | FL 32301 | |
| The street addreas changed will | ess of its registered office and the str be identical. | reet address of the business office of its registe | red agent. |
| Such change wa authori k ed)by th | as authorized by resolution duly ado ne board, or the corporation has beer | pted by its board of directors or by an officer son notified in writing of the change. | io |
| Xie | e 2 Conie | JILL CILMI, VICE PRESIDENT | |
| Signatu | re of an officer or director | Printed or typed name and title | |
| I further agree of of my duties, an document is bei corporation has | the appointment as registered agent to comply with the provisions of all s ad I am familiar with and accept the ing filed merely to reflect a change in s been notified in writing of this char n Service Company | t and agree to act in this capacity. statutes relative to the proper and complete pe obligation of my position as registered agent. n the registered office address, I hereby confir age. | rformance Or, if this m that the |
| Drac | e Cokubi. | 07/03/2023 | |
| Sig | nature of Registered/Agent | Date | |
| If signing on be | half of an entity: | | |
| GRACE E. KIRE | BY, ASST. VICE PRESIDENT | | |
| T | yped or Printed Name | | |

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

KS PAYABLE TO FLORIDA DEPARTMENT OF STA