F98000006031

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(850) 656- 4724 3458 lakesore Drive Tallahassee, FL 32312

D	ate:	08/12/2024	M 1 U
		Acc#I20160000072	- 4: DW
Name:	St. Marks F	Powder, Inc.	
Document #:			
Order #:	15797314		
Certified Copy of Arts & Amend: Plain Copy: Certificate of Good Standing: Certified Copy of			
Apostille/Notarial Certification:		Country of Destination: Number of Certs:	
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Thank youl

Ref#

COVER LETTER

TO:

Amendment Section Division of Corporations

SUBJECT: ST. MARKS POWDER, INC. Name of Corporation				
DOCUMENT NUMBER: F98000006031				
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
Name of Contact Person				
C T CORPORATION SYSTEM				
Firm/Company				
1200 South Pine Island Road				
Address				
Plantation, FL 33324				
City/State and Zip Code				
CLS-CTARMSEVIDENCE@WOLTERSKLUWER.COM				
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Name of Contact Person at () Area Code & Daytime Telephone Nur				
Enclosed is a \$35.00 check made payable to the Department of State.				
Mailing Address: Amendment Section Street Address: Amendment Section				
Division of Corporations P.O. Box 6327 Division of Corporations The Centre of Tallahassee				
Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810				

Tallahassee, FL 32303

CR2E045 (04/13)

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

statement of chai		, 607.1508, or 617.1508, Florida Statutes, this zed under the laws of the State of Delaware red agent, or both, in the State of Florida.			
1. The name of the corporation: ST. MARKS POWDER, INC. 2. The principal office address: 100 Carillon Parkway St. Petersburg, FL 33716					
2. The principal office address:					
3. The mailing a	ddress (if different):				
4. Date of incorporation/qualification: 10/29/1998 Document number: F98000006031					
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)					
	Caroline Keller				
	100 Carillon Parkway St.				
	St. Petersburg, FL 337				
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): C T Corporation System 1200 South Pine Island Road P.O Box NOT acceptable					
	C T Corporation System	- PA 2			
	1200 South Pine Island Road	ASS P			
	P.O Box Plantation, Florida 33324	NOT acceptable			
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.					
Such change was 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.					
\$	and Ide	Larry Lohman, Vice President & Secretary Printed or typed name and title			
I hereby accept I further agree to of my duties, an document is bei corporation has	the appointment as registered agent and to comply with the provisions of all state of a land amiliar with and accept the obling filed merely to reflect a change in the seen notified in writing of this change.	d agree to act in this capacity. Ites relative to the proper and complete performance gation of my position as registered agent. Or, if this registered office address, I hereby confirm that the			
C T Corporation	System	08/01/2024			
Sig	nature of Registered Agent	Date			
If signing on behalf of an entity:					
Judith B. Argao, Asst. Secretary					
Typed or Printed Name * * * 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 (04/13)

By: