DOCUMENT # KO1305  1. Entity Name ASH CHEMICAL, INC.			J		FILED Sep 12, 2000 8:00 am Secretary of State		
Principal Place of Business 1403 GRANDVIEW BLVD KISSIMMEE FL 34744		Mailing Address 1403 GRANDVIEW BLVD KISSIMMEE FL 34744				010 018 ***550	
2. Principal Place of Business		3. Mailing Address			DO NOT WRITE IN THIS SPACE		
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State	City & State		El Number <b>59-2854673</b>	— — — — — — — — — — — — — — — — — — —	oplied For ot Applicable
Zip	Country	Zip	Country	5. (	Certificate of Status Desired	\$8.75 Add Fee Require	
	6. Name and Address of Curren	t Registered Agent	Name	7. 1	lame and Address of New Regis	tered Agent	
ALLEN, D L 1403 GRANDVIEW BLVD KISSIMMEE FL 34744				Street Address (P.O. Box Number is Not Acceptable)			
			City			FL Zip Code	ө
8. The above	named entity submits this statement	for the purpose of changing its	registered office or re	egistered ago	ent, or both, in the State of Florida		
SIGNATURE	Signature, typed or printed name of registered ager	nt and title if applicable. (NOTE	: Registered Agent signature	required when re	instating)	DATE	
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)  FILE NOW!  After SEPTEMBER 1  Make Check Payak			•	e \$750.00	Election Campaign Financi     Trust Fund Contribution.	· _ +0.0	May Be to Fees
11.	OFFICERS ANI	D DIRECTORS	12.	ΑD	DITIONS/CHANGES TO OFFICER	S AND DIRECTORS	S IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ALLEN, D L 1403 GRANDVIEW BLVD KISSIMMEE FL 34744	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition }
NAME STREET ADDRESS CITY-ST-ZIP	- <b>-</b>	. □ Delete _	TITLE NAME STREET ADDRESS CITY-ST-ZIP	- <b>-</b> •		☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		**	☐ Change	☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	,		☐ Change	☐ Addition
indicated of the cor	certify that the information supplied wit on this report or supplemental report poration or the receiver or trustee emp or on an attachment with an address,	is true and accurate and that mo powered to execute this report a	ny signature shall hav	e the same i	egal effect as if made under oath:	that I am an officer	or director

SIGNATURE OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR