Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H150001527973)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number: FCA00000023 Phone

: (850)205-8842

Fax Number

: (850)878-5368

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address:

LLC REGISTERED AGENT CHANGE TYRACHEM, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help

· 四個的

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. N	ame of the limited liability company; TyraChem LLC						
2. (a)	5401 W. KENNEDY BLVD.	((b) P. O. BOX 23887				
	Principal office address of limited liability company (Nate: MUST BE STREET ADDRESS)		N	Anifing address of limite (Note: MAY BE POS			
	SUITE 541		TAMPA, F	L 33623			
	TAMPA, FL 33609						
	01/12/2009		L0900 00034	18			
3. 5. (a	Date of filing/registration in Florida ARMSTRONG, R. DOUGLAS	- 4.		Document number			
(u	Registered Agent and Registered Office shown on the records of 1901 S. HABOR CITY BLVD.	the Phone	a Dept. of State	:.	TAI 38	15	
	Registered Office Address MUST BE FLORIDA STREET	ADDRES	<u>Si</u>		CRETARY	JE N	entants entant
	MELBOURNE, FL	32901			ARY C	22 A	
(b)	C T Corporation System				OF ST	AM 9:	O
,,,	Linter name of NEW Registered Agent and/or NEW Registered) Office a	ldres:	•	STATE	9: 47	
	NEW Registered Office Address						
	1200 South Pine Island Road						
	Plantation . FI	33324					
the chagent was/w the ar	limited liability company is not organized under the la lange or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited li- cere authorized by an affirmative vote of the members ticles of greanization or the operating agreement of the ature of a member or authorized representative of a member	f the reg iability c of the lin limited	istered office ompany, it is nited liability	e and the business of shereby confirmed y company or as oth spany.	ffice of that the control of the that the control of the that the control of the that the that the the that the the the the the the the the the th	he regi change	istered (s)
There provise the office of the notifie CTC By:	where of a member or authorized representative of a member selective of a member and age of all stanties relative to the proper and complete of the proper and complete of the proper and complete of the proper are complete rely reflect a change in the registered affice address, I get in writing of this change. Rebecca Base or position System Rebecca Base of Registered Agent	rev to ac eperform d for m hereby a rth Secreta	t in this cupt unice of my a Chapter 605 confirm that t	remed or typed tame acity. I further agre duies, and I am fan F.S. Or, if this do the limited liability	a signee ee to con viliar wh company	ply wi h and i s being v hus b	th the accept gfiled een