

Division of Corporations

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**L09000048500**

Florida Department of State  
Division of Corporations  
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**L. SELLERS**

OCT 23 2009

**EXAMINER**

To:

Division of Corporations  
Fax Number : (850) 617-6383

From:

Account Name : FOWLER WHITE BOGGS, P.A. - JACKSONVILLE  
Account Number : I20040000146  
Phone : (904) 598-3100  
Fax Number : (904) 446-2636

RECEIVED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**REGISTERED AGENT CHANGE****SPECIALITY CHEMICALS, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

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09 OCT 23 AM 8:14  
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TALLAHASSEE FLORIDA

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Speciality Chemicals, LLC  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Daniel B. Nunn, Jr., Attorney

Name of Person

Fowler White Boggs P.A.

Firm/Company

50 N. Laura Street, Suite 2800

Address

Jacksonville, FL 32202

City/State and Zip Code

daniel.nunn@fowlerwhite.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Daniel B. Nunn, Jr., Attorney

Name of Person

at ( 904 )

598-3118

Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

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TALLAHASSEE FLORIDA

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

Pursuant to the provisions of sections 608.416 or 608.508, 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. Name of the limited liability company: Speciality Chemicals, LLC

2. (a) Principal office address of limited liability company: \_\_\_\_\_

☒

(Note: **MUST BE STREET ADDRESS**)

9995 Gate Parkway N. Suite 400  
Jacksonville, FL 32246

(b) Mailing address of limited liability company: \_\_\_\_\_

☒

(Note: **MAY BE POST OFFICE BOX**)

9995 Gate Parkway N. Suite 400  
Jacksonville, FL 32246

5/18/2009  
3. Date of filing/registration in Florida

L09000048500  
4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent: Dennis A. Foster

Registered Office Address: 9995 Gate Parkway N.  
Suite 400  
Jacksonville, FL 32246

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Agent: Daniel B. Nunn, Jr.

NEW Registered Office Address: 50 N. Laura Street  
(MUST BE FLORIDA STREET ADDRESS) Suite 2400  
Jacksonville, FL 32202

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Dennis A. Foster  
Signature of a member or authorized representative of a member

Dennis A. Foster, Manager

Printed or typed name of signee

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 obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

[Signature]  
Signature of Registered Agent

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314  
FILING FEE: \$25.00

INHS18 (05/08)

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