## L100000 44269

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## COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: <u>Nationwide Chemical Parducts</u> 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:				
Juli Hughes  Name of Person  Name of Person  Matmude Chomal Problem Le  Firm/Company				
PO BOX 671061  Address				
Conal Springs, For 33067 City/State and Zip Code				
Nation wide Chemicals Qusa. Lom E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Mul Hughes at (954), 906 - 5869 Name of Person 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 \$25 Filing Fee & Certified Copy				

INHS18 (2/14)

## 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.	Na	Tame of the limited liability company: Natronwide, Chemical Poducts L	0
<b>1</b>	()	5409 MV 109th Love Coral Spines FL 33076 (b) P.O. BOX 671061 Coral Sp	700 VI
<u>ن</u> . ۱	(a)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)  Mailing address of limited liability company:  (Note: MAY BE POST OFFICE)	ompany:
		04/36/3010 218000044269	
3.		Date of filing/registration in Florida 4. Document number	
5.	(a)	sulle Higher	
٥.	(a)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:	
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS)	
		4905 Rivenside, Duve	
		Conal Springs FL 33067	
	(h)		<del>- 1</del>
	(b)	Enter name of NEW Registered Agent and/or NEW Registered Office address:	
		·	
		NEW Registered Office Address:	2
		NEW Registered Office Address:  5409 NW 109th Lave	
		Conal Sprengs .FL 33076	
the age was	cha nt w s/w <sub>e</sub> e	limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed transport or changes are made, the Florida street address of the registered office and the business office of the will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the elegite authorized by an affirmative vote of the members of the limited liability company or as otherwise principles of organization of the operating agreement of the limited liability company.	e registered hange(s)
	M	Ille Hustes Julie thypes	
٠,	<i>-</i>	addre of a method of admonized representance of a member	
pro the to n	visi obli nere	eby accept the appointment as registered agent and agree to act in this capacity. I further agree to complete performance of my duties, and I am familiar with oligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is rely reflect a change in the registered office address, I hereby confirm that the limited liability company and in writing of this change.	rand accept being filed

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