11104000001989

(Requestor's Name)								
(Address)								
(Address)								
(City/State/Zip/Phone #)								
PICK-UP WAIT MAIL								
(Business Entity Name)								
(Document Number)								
Certified Copies Certificates of Status								
Special Instructions to Filing Officer:								

Office Use Only

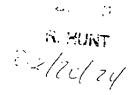


000424012990

ATT 02

:..;





CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT N	NO. : I2000000195							
REFEREN	ICE : 312765 7482226							
AUTHORIZATI	ON : Grell blens	ı						
COST LIM								
ORDER DATE : February 9, 2	2024	÷₹						
ORDER TIME : 10:49 AM		•						
ORDER NO. : 312765-055								
CUSTOMER NO: 7482226								
		: 						
CHANGE OF AGENT								
NAME: MOSAIC FERTILIZER, LLC								
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:								
CERTIFIED COPY XX PLAIN STAMPED COPY								
	bolt							

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.

Name of the limited liability company: MOSAIC FERTIL 101 East Kennedy Boulevard, Suite 2500			(b) 3033 Campus Drive, Suite W400		
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_	(0)	Mailing address of limited lia (Note: MAY BE POST Of	
	Tampa, FL 33602	_	Plymout	h, MN 55441-2651	
	05/24/2004		M040000	01989	
. (a)	Date of filing/registration in Florida C T Corporation System	4.		Document number	
(4)	Registered Agent and Registered Office shown on the records of 1200 South Pine Island Road	the Flor	ida Dept. of Sta	ate:	
	Registered Office Address (MUST BE FLORIDA STREET)	1DDRE	<u>(SS)</u>		· 4
	Plantation, FL	3332	24	- -	
(b)	Enter name of NEW Registered Agent and/or NEW Registered Corporation Service Company	Office	address:	<u> </u>	· /// 03
	NEW Registered Office Address: 1201 Hays Street	_		_	Co
	Tallahassee, FL	32301	l	_	
ange ent w as/we e artic	mited liability company is not organized under the law or changes are made, the Florida street address of the fill be identical. Or, in the case of a Florida limited lia reauthorized by an affirmative vote of the members or class of organization or the operating agreement of the	s of the registe bility of the li	ne State of Flored office are company, it is mited liability con	nd the business office of the street of the	he registered he change(s) se provided in
hereb	ure of a member or authorized representative of a member of all statutes relative to the proper and complete pations of my position as registered agent as provided by reflect a change in the registered office address, I have the member of this change.	ereby	confirm that	Printed or typed name of sign pacity. I further agree to a duties, and I am familian 5, F.S. Or, if this docume, the limited liability comp vice Company	comply with the
(a, a			Asst. Vice President	