M06000002616

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

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FALLAHÁSSEE, FLONG

RECEIVED 2022 DEC 22 AMII: 47

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee FL 32301

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT N	0. :	12000000195		
REFEREN	CE :	252804	7425870	
AUTHORIZATI	ON :	10	V.	
COST LIM	IT :	\$ 25,000	denan	
ORDER DATE : December 15,	2022			
ORDER TIME : 8:50 AM				
ORDER NO. : 252804-002				
CUSTOMER NO: 7425870				
	-			
CHANGE O	F AGEN	Ţ		
NAME DATE IN	T 70 M 70 CT	HEMT ON T		
NAME: EMERALD KA	LAMA C	HEMICAL,	كالما	
DI DI GE DEMININ MUSI SOLI GUITNA	3.G. DD			
PLEASE RETURN THE FOLLOWING	AS PRO	OOF OF FI	LING:	
CERTIFIED COPY XX PLAIN STAMPED COPY				
CONTACT PERSON: Eyliena Bal	ker			
	EXAMI	NER'S INI	TIALS:	

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. 8	Same of the limited liability company: EMERALD KA	LAMA CI	HEMICAL,	LLC	
2. (a)					
2. (Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(<u> </u>	Mailing address	of limited liability company: BE POST OFFICE BOX)
	1499 SE Tech Center Place Suite 300		1499 S	E Tech Center F	Place Suite 300
	Vancouver, WA 98683		Vancou	ıver, WA 98683	
	05/10/2006		M06000	002616	
3.	Date of filing/registration in Florida	4.		Document nu	amber
5 (0	.				
5. (a	Registered Agent and Registered Office shown on the records o	f the Floric	la Dept, of S		
	C T CORPORATION SYSTEM		•		
	Registered Office Address (MUST BE FLORIDA STREET	ADDRES	<u>(S)</u>		
	1200 SOUTH PINE ISLAND ROAD				202
	PLANTATION , F	33324			ECRLIA PALLA
					№
(b))	_			N)
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	d Office a	ddress:		
	Corporation Service Company				AM 9: 38
	NEW Registered Office Address:				ויזן 🌣
	1201 Hays Street				
					
	Tallahassee	L 32301			
					
If the	limited liability company is not organized under the la e or changes are made, the Florida street address of the	iws of the e-register	e State of I red office :	Florida, it is here and the business	eby confirmed that after the coffice of the revistered
agent	will be identical. Or, in the case of a Florida limited l	iability co	ompany, it	t is hereby confi	irmed that the change(s)
	vere authorized by an affirmative vote of the members ticles of organization or the operating agreement of the				as otherwise provided in
	8/ JILL CILMI		•	AUTHORIZED P	PERSON
Sign	ature of a member or authorized representative of a member		2 0121111,7		d name of signee
I heri	eby accept the appointment as registered agent and ag	ree to ac	t in this co	nacity. I furthe	er agree to comply with the
provis the ob to mei	sions of all statutés relative to the proper and complete digations of my position as registered agent as provido rely reflect a change in the registered office address. I	perform ed for in (hereby c	ance of m Chapter 60 onfirm tha	v duties, and I a 05, F.S. Or, if th at the limited lia	im familiar with and accept his document is being filed bility company has been
нопри	ed'in writing of this change.	GRAC	E E. KIRE	BY, ASST. VIC	E PRESIDENT
Signat	Ure of Registered Agent				