Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

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: CORPORATE CREATIONS INTERNATIONAL INC. Account Name

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Phone

: (561)694-8107

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LLC REGISTERED AGENT CHANGE OXBOW CARBON LLC

Certificate of Status	0
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Page Count	02
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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 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: OXBOW CA		1601 5	ORUM PLACE, SUITE 1400	_	
Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(b) Malling address of limited liability company: (Note: MAY BE POST OFFICE BOX) WEST PALM BEACH, FL 33401			
WEST PALM BEACH, FL 33401	_				
06/01/2006		M060000	003005		
Date of filing/registration in Florida CORPORATION SERVICE COMPANY	4.		Document number		
Registered Agent and Registered Office shown on the records of 1201 HAYS STREET	of the Flori	da Dept. of Sta	te:		
Registered Office Address (MUST BE FLORIDA STREE	T ADDRE	<u>ক্রা</u>	- AE	2015	
TALLAHASSEE ,I	L 3230	1-2525		₹	
Corporate Creations Network Inc.			\$2 \$2 \$2	'n	
(b) Enter name of NEW Registered Agent and/or NEW Register	ed Office	ddress:		-	
11380 Prosperity Farms Road #221E			WOTE VISA	بې	
NEW Registered Office Address:				9	
Palm Beach Gardens	L 3341	 o	<u>·</u>		
change or changes are made, the Florida street address in will be identical. On in the case of a Florida limited s/were authorized by an affirmative vote of the members articles of a ganization or the operating agreement of the	of the repliability of the line of the lin	gistered office company, it mited liabili l liability co	ce and the business office of the register is hereby confirmed that the change(s) ty company or as otherwise provided in mpany. an, Attorney-in-Fact	cd	
ignature of a member or sutherized representative of a member		_	Printed or typed name of signee		
hereby accept the apportuninas registered agent and a ovisions of all state of the proper and complete obligations of all state of the proper and complete obligations of the proper agent as proving merely reflect a chipse in the registered office address, tified in writing of his change. Knoting of his change.	gree to a le perfor led for in I hereby	ct in this cap mance of my Chapter 60 confirm that	pacity. I further agree to comply with the duties, and I am familiar with and acce 15, F.S. Or, if this document is being file t the limited liability company has been	e pt id	
gnature of Registeres Agent Kristine Du	ran, Spi	cial Secre	etary		
Division of Corporations P.O			155ce, FL 32314		
18 (2/14) FILING	LEG: 32	2,00			