Division of Corporations



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Division of Corporations

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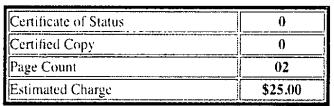
From:

Account Name : COMPUTERSHARE Account Number : 110432003053 : (561)694-8107 Fax Number : (561)214-8442

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LLC REGISTERED AGENT CHANGE **NUCO2 MANAGEMENT LLC**



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FEB 1 2 2024

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. No	ame of the limited liability company:NUCO2 MANAG	EME	ST L	.LC			
2. (a)	2800 SE MARKET PLACE Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) STUART, FL 34997			2800 SE	2800 SE MARKET PLACE		
(3)				Mailing address of limited liability company: (Note: MAY BE POST OFFICE BON)			
		_		STUART	. FL 34997		
	04/01/2008		N	10800000	1551		
3. 5. (a)	Date of filing/registration in Florida CORPORATION SERVICE COMPANY	4.			Document number		
(b)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:						
	Registered Office Address (MUST RE FLORIDA STREET ADDITIONAL STREE						
	TALLAHASSEE .FL 32						
	United Agent Group Inc.				9 PH		
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Off</u>			<u>(CS.\$</u> :			
	NEW Registered Office Address:				_		
	801 US Highway 1				-		
	North Palm Beach , FL	33408			_		
change agent v was/we	imited liability company is not organized under the law or changes are made, the Florida street address of the r will be identical. Or, in the case of a Florida limited liab ere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the I	egiste pility of the li	red com mit	office an pany, it i ed liabilit	d the business office of the registered s hereby confirmed that the change(s) y company or as otherwise provided in		
	Tasha Edwards	Ta	sha	Edwards.	Attorney-in-Fact		
Taska Cdwards Signature of a member of authorized representative of a member					Printed or typed name of signee		
provisi the obli to mere	by accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete p igations of my position as registered agent as provided by reflect a change in the registered office address, I hi I'in writing of this change.	e to a erfori for in creby	ct in nan Chi conj	this cap ce of my apter 605 irm that	acity. I further agree to comply with the duties, and I am Jamiliar with and accept . F.S. Or, if this document is being filed the limited liability company has been		

Tasha Edwards, Special Secretary

Taska Cdwards Signature of Registered Agent