## M0000058/

(Requ	iestor's Name)							
(Addr	ess)							
(Addr	ess)							
(City/s	State/Zip/Phor	ne #)						
PICK-UP	☐ WAIT	MAIL						
(Business Entity Name)								
(Document Number)								
Certified Copies	Certificate	s of Status						
Special Instructions to Filing Officer:								

Office Use Only



100282432191

04/13/16--01013--003 \*\*25.00

16 APR 13 PM 12: 22

APR 14 2016 S. YOUNG

## 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	me of the limited liability company:	TRINSCO LLC						
2.	(a)	1000 CHESTERBROOK BLVD. SU	ITE 300	_ (b)	1				
(	( <del>-</del> ) .	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)			I	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
		BERWYN	P# 19312	_					
		02/05/2010			M100000	00581			
3.		Date of filing/registration in	ı Florida	4.		Document number			
5.	(a)	C T CORPORATION SYSTEM							
	` ,	Registered Agent and Registered Office sho	wn on the records of the	he Florida	Dept. of State	- e:			
		1200 SOUTH PINE ISLAND ROAL	)						
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS)				-			
						_		TASE SE	
		PLANTATION	, FL_	33324		-	6 APR	CRETA	
(b	(b)	Corporation Service Company					<u></u>	SSE	
	(0)	Enter name of NEW Registered Agent and	or <u>NEW Registered</u>	Office add	ress:	-	PM	<u></u>	
		1201 Hays Street					PM 12: 22	S TATE	
		NEW Registered Office Address:				-	2	<b>P</b> .	
		Tallahassee	FI.	32301		-			
the age wa the	char ent w s/we artic	mited liability company is not organinge or changes are made, the Florida vill be identical. Or, in the case of a circ authorized by an affirmative vote cles of organization or the operating	ized under the law street address of the limited lia of the members of agreement of the l	es of the state regist bility confered the limited li	tered office npany, it is ted liability ability con	e and the business offices hereby confirmed that y company or as otherw npany.  rized Person	of the re the chang ise provid	gistered ge(s)	
		ure of a momber or authorized representative				Printed or typed name of sig			
pro the to no	ovisio obli mere tifiea	ov accept the appointment as register ons of all statutes relative to the projections of my position as registered by reflect a change in the registered in writing of this change	per and complete pagent as provided office address, I h	performa I for in C ereby co	nce of my on the hapter 605 of the hapter for the h	acity. I further agree to duties, and I am familian, F.S. Or, if this docum the limited liability com, arby, Assistant Vice Pr	r with and ent is bei pany has	vith the l accept ng filed been	
		D1 1.1		(225	- 7F 11 1	DI 20244			



CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Mary Rivers mary.rivers@cscglobal.com

Date: April 11, 2016

Order#: 087728-010

Re: TRINSEO LLC

Enclosed please find:

XX Change of Registered Agent and Office.

 $XX_{\underline{}}$  Check in the amount of \$25.00.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Mary Rivers

c/o Corporation Service Company 2711 Centerville Road, Suite 400

Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

QUCA.XCOA

TALLAHASSEE, FLOWER