M1300006333

(Requestor's Name)
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(Address)
(Address)
(City/State/Zip/Phone #)
(Business Entity Name)
(Document Number)
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CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

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F.

	ACCOUNT NO.	:	120000000	195
	REFERENCE	:	776166	7454087
	AUTHORIZATION	:	Sumine	e raden
	COST LIMIT	:	\$ 25.00	
ORDER DATE :	May 30, 2023			
ORDER TIME :	2:23 PM			
ORDER NO. :	776166-126			
CUSTOMER NO:	7454087			
	-	-		

CHANGE OF AGENT

AME: COASTAL CHEMICAL CO., L.L.C. Fixed DBA: COASTAL CHIMICAL Product and services, un

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY

 XX
 PLAIN STAMPED COPY

CONTACT PERSON: Alexxis Weiland-sorenson

EXAMINER'S INITIALS:

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.

COASTAL CHEMICAL PRODUCT AND SERVICES, LLC

	······································	(i	(b)
	Principal office address of limited liability company: (<u>Note: MUST BE STREET ADDRESS</u>)		Mailing address of limited liability compation (Note: MAY BE POST OFFICE BOX)
	3520 Veterans Memorial Drive		3520 Veterans Memorial Drive
	Abbeville, LA 70510		Abbeville, LA 70510
	09/24/2013		M13000006333
	Date of filing/registration in Florida	4.	Document number
. (a)			
	Registered Agent and Registered Office shown on the records	of the Florid	da Dept. of State:
	C T CORPORATION SYSTEM		
	Registered Office Address (MUST BE FLORIDA STREE	T.ADDRES	55)
	1200 SOUTH PINE ISLAND ROAD		
	PLANTATION	51. 33324	
	,		2023 JUH -2 SECRETARY ALLAHASSE
(b)			
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Register</u>	red Office au	iddress:
	Corporation Service Company		
	NEW Registered Office Address:		63
	<u>NEW</u> Registered Office Address: 1201 Hays Street		

If the limited hability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

/s/ JILL CILMI

Signature of a member or authorized representative of a member

JILL CILMI, AUTHORIZED PERSON

Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability company has been notified in writing of this change.

Signature of Registered Agent

GRACE E. KIRBY, ASST. VICE PRESIDENT

Division of Corporations• P.O. Box 6327• Tallahassee, FL 32314 FILING FEE: \$25.00