

M1400000 3381

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

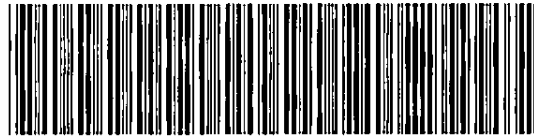
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

J. HORNE  
MAR - 5 2025

Office Use Only



600445490576

RECEIVED

2025 MAR - 4 PM 3:12

FILED

FILED

2025 MAR - 4 PM 12:27

FILED

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 032557 7764876

AUTHORIZATION :

COST LIMIT : \$ 25.00

ORDER DATE : March 3, 2025

ORDER TIME : 1:52 PM

ORDER NO. : 032557-009

CUSTOMER NO: 7764876



CHANGE OF AGENT

NAME: COPERION PROCESS SOLUTIONS LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_\_\_ CERTIFIED COPY  
XX PLAIN STAMPED COPY

CONTACT PERSON: Amanda Miller

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.*

1. Name of the limited liability company: <u>COPERION PROCESS SOLUTIONS LLC</u>	
2. (a) <u>810 S. OLD 75 HWY</u> Principal office address of limited liability company: (Note: <u>MUST BE STREET ADDRESS</u> )	(b) <u>PO B OX 205</u> Mailing address of limited liability company: (Note: <u>MAY BE POST OFFICE BOX</u> )
<u>SABETHA, KS 66534</u>	<u>SABETHA, KS 66534</u>
<u>05/19/2014</u>	<u>M14000003381</u>
3. Date of filing/registration in Florida	4. Document number
5. (a) <u>COGENCY GLOBAL INC.</u> Registered Agent and Registered Office shown on the records of the Florida Dept. of State: <u>115 North Calhoun St.</u> Registered Office Address <u>(MUST BE FLORIDA STREET ADDRESS)</u> <u>Suite 4</u> <u>Tallahassee</u> , FL <u>32301</u>	
(b) <u>Enter name of NEW Registered Agent and/or NEW Registered Office address:</u> <u>Corporation Service Company</u> <u>NEW Registered Office Address:</u> <u>1201 Hays Street</u> <u>Tallahassee</u> , FL <u>32301</u>	

FILED  
2025 APR -4 PM 12:27

If the limited liability 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/ ROBERT J. MORRISON

ROBERT J. MORRISON, AUTHORIZED PERSON

Signature of a member or authorized representative of a member

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

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