## M16000000592

(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:						

Office Use Only



600412721666

RECEIVED

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallbassoo FL 32301

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO	D. : I2000000195
REFERENC	CE 1 917837 Mar 4379710
AUTHORIZATIO	
COST LIM	IT : \$ 25.00
OPPER DAME Avenue 2 2022	
ORDER DATE : August 3, 2023	3
ORDER TIME : 1:28 PM	
ORDER NO. : 917837-008	
CUSTOMER NO: 4379710	
	·
CHANGE OF	FAGENT
NAME: ACCELLA POI LLC	LYURETHANE SYSTEMS
PLEASE RETURN THE FOLLOWING  CERTIFIED COPY	AS PROOF OF FILING:
XX PLAIN STAMPED COPY	
CONTACT PERSON: Eyliena Bak	ker
	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.

I. N	Jame of the limited liability company: ACCELLA POL	YURETHA	NE SYSTEMS LLC		
2. (a)		(b)			
,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	,	Mailing addre	ss of limited liability company:  Y BE POST OFFICE BOX)	
	2500 Adie Road		2500 Adie Road		
	Maryland Heights, MO 63043		Maryland Heights, M	Heights, MO 63043	
	01/22/2016	٨	и16000000592		
3.	Date of filing/registration in Florida	4.	Document	number	
5. (a	)				
<i>5.</i> (a	Registered Agent and Registered Office shown on the records of UNITED AGENT GROUP INC.	t the Florida I	Dept. of State:		
	Registered Office Address (MUST BE FLORIDA STREET	'ADDRESS)	<del></del> .		
	801 US HIGHWAY 1			! <b>^2</b>	
	NORTH PALM BEACH . F	33408		FILE 2023 AUG 11	
		<u></u>	<del></del>	00 -	
(b)	Enter name of NEW Registered Agent and/or NEW Registered				
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	d Office add	ress:		
	Corporation Service Company			AMID: 01	
	NEW Registered Office Address:			D > -	
	1201 Hays Street		···		
	Tallahassee	132301			
chang agent was/w the art	limited liability company is not organized under the late or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited livere authorized by an affirmative vote of the members of organization or the operating agreement of the	e registered iability con of the limit	l office and the busing pany, it is hereby cou ed liability company	ess office of the registered nfirmed that the change(s)	
	ature of a member or authorized representative of a member	Jill Ci	lmi, Authorized Perso		
			·	ped name of signee	
provis the ob to mer	thy accept the appointment as registered agent and agrifons of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address. It din writing of this change.	ree to act in performan ed for in Ch hereby con	n this capacity. I furt ace of my duties, and l apter 605, F.S. Or, i firm that the limited l	her agree to comply with the l am familiar with and accept f this document is being filed iability company has been	
<u>X</u>	Drace Cokubly ure of Registered Agent				
	ure of Registered Agent\ e E. Kirby, Asst. Vice President				

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