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Division of Corporations

Pax Number : (850)617-6383

From:

Account Name : UNITED AGENT GROUP INC.

Account Number : 120160000086 Phone : (561)508-5033 Pax Number : (561)694-1639

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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. N	ame of the limited liability company:	cals Am	1eri	cas, LLC			
2. (a)	4111 East 37th Street North	0	b) .	4111 Easi	t 37th Street North		
,	Principal office address of limited liability company: (Note: MUST RE STREET ADDRESS)	_	-,.		Mailing address of limited liabilit (Note: MAY HE POST OFFI		
	Wichita, KS 67220	_	-	Wichita, K	K\$ 67220		
	09/25/2020		N	12000000	08425		
3. 5. (a)	Date of filing/registration in Florida C T CORPORATION SYSTEM	4.			Document number	-	
J. (u)	Registered Agent and Registered Office shown on the records of the 1200 S PINE ISLAND RD Registered Office Address (MUST BE FLORIDA STREET A)			ept, of Stat	te:	2021	
	PLANTATION , FL	33324				1121 JUL 13	FILE
(ō) .	United Agent Group Inc. Enter name of NEW Registered Agent and/or NEW Registered C	Office ad		ESS:		AM 9:	€
	801 US Highway 1				a -	9: 47	
	NEW Registered Office Address:				-		
	North Palm Beach ,FL 3	33408	_		-		
change igent w was/we	imited liability company is not organized under the laws or changes are made, the Florida street address of the revill be identical. Or, in the case of a Florida limited liab are authorized by an affirmative vote of the members of cles of organization or the operating agreement of the liability	egistere ility co the lim mited l	ed o mp nite liab	office and sany, it is d liability sility com	d the business office of the same of the s	egistere change(ed s)
Signat	ure of a member or allhorized representative of a member				Printed or typed name of signee		
I hereb provisio he obli o mere notifica	by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete pe igations of my position as registered agent as provided f ly reflect a change in the registered office address, I he I in writing of this change.	to act erforma for in C reby co	in anc ha onfi	this capa te of my a pter 605, irm that t	acity. I further agree to con duties, and I am familiar wit , F.S. Or, if this document i the limited liability company	iply with h and a s being has be	h the ccept filed en

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

Danielle Gossman, Special Secretary

Signature of Registered Ag