CHEMICAL ASSOCIATES  Prime Access to Worldwide Resources.  ISO 9001-2000 Certified 1270 South Cleveland-Massillon Road Copley, Ohio 44321-1683
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



300253980063

11/25/13--01016--002 \*\*35.00

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: Chemical Associates, Inc.
2. The principal office address:
7929 WATERTON LANE LAKEWOOD RANCH, FL 34202
3. The mailing address (if different):
4. Date of incorporation/qualification: 4/19/2010 Document number: P10000033837
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)
BDB AGENT CO.
5355 TOWN CENTER ROAD STE 900 BOCA RATON, FL 33486  5355 TOWN CENTER ROAD STE 900 BOCA RATON, FL 33486
6. The name and street address of the new registered agent (if changed) and /or registered office  (if changed):    Ratricia J. Bercht/d   Company
7929 Waterton Lune
P.O. Box NOT acceptable
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.
Patricia J. Berchtold Secreture Signature of an officer or director  Printed or typed name and title
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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.
By: Stering Suffice Agent 11/15/2.13  Signature of Registered Agent Date
If signing on behalf of an entity:
Typed or Printed Name

Make checks payable to Florida Department of State
Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

\* \* \* FILING FEE: \$35.00 \* \* \*