P980000002 Requester's Name Tri-State Chemicals, Inc. "Serving The Industry Since 1989" PMB-152/6055 North Wickham Road Melbourne, Florida 32940

Office Use Only

CORPORATION NAME(S)	& DOCUMENT NUMBER(S)	, (if known):
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1.		0000034897504 -12/07/0001008003 ******35.00 ******35.00
(Corporation Name)	(Document #)	******35.00 *****35.00
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☐ Walk in ☐ Pick up time _		Certified Copy
Mail out Will wait	☐ Photocopy	Certificate of Status
NEW FILINGS	<u>AMENDMENTS</u>	
☐ Profit	☐ Amendment	
Not for Profit		.A., Officer/Director
Limited Liability Domestication	Change of Regist Dissolution/With	
Other	Merger	iurawai
OTHER FILINGS	REGISTRATION/Q	<u>DUALIFICATION</u>
Annual Report	Foreign	*
Fictitious Name	Limited Partners	<u> </u>
	Reinstatement Trademark	RA Chg.
	☐ Other	V SHEPARD DEC 15 200
		Evaminar's Initials

CR2E031(7/97)

AGENT OR BOTH FOR CORPORATIONS

			07.1508, or 617.1508, Florida Statutes,
	ed corporation organized i	-	
the State of Fl		r w change us register	ed office or registered agent, or both, in
•		State Chemical	ls, Inc.
2. The mailing	gaddress of the corporation	n: 6055 N. Wich	cham Road STE. 152
		Melbouren, l	FL 32940 USA
3. Date of inc	orporation/qualification:_	07/15/1998	Document number: P98000062902
4. The name a	nd address of the current r	egistered agent and offi	ice:
	William Campbe	11	
	2485 Jen Drive		8
	Melbourne, FL		
5. The name a	nd address of the new regi	stered agent (if changed	d) and/or registered office (if changed):
	(P	O. Box Not Acceptab	ie)
	John MacDo	nald	
	2485 Jen I	rive Suite # 4	
	Melbourne,	Florida 32940	
agent, as chan	ged, will be identical.		s of the business office of its registered
Such change v	was authorized by resoluti	on duly adopted by its	board of directors or by an officer so
addionzed by) 1000	11. P.O.	12/01/00
Signatur	e of an officer, chairman or vide c	hairman of the board)	(Date)
Toba	MosDoneld Wise F	·	
001111	MacDonald, Vice F (Printed or typed name and		
corporation, l I further agree	hereby accept the appoin to comply with the provi of my duties, and I am fan	tment as registered ag sions of all statutes re	of process for the above stated ent and agree to act in this capacity. lative to the proper and complete the obligation of my position as
Dah	When		/2-01-00 (Date)
	(Signature of Registered Agent)		(Date)
If signing on beh	alf of an entity:		
John	MacDonald (Typed or Printed Name)		Vice President (Capacity)
	(-)km or r immeritatio)		(capacity)
	* * *	FILING FEE: \$35.00	***
CR2E045(9/00)		<u> </u>	
	DIVISION OF CORPORATIONS	P.O. Box 6327	Tallahassee, FL 32314