## F0600000 4099

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CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195					
REFERENCE : 353292 8420538					
AUTHORIZATION: Corrections					
COST LIMIT : \$ 35.00					
ODDED DAME . March E 2024					
ORDER DATE: March 5, 2024					
ORDER TIME : 2:14 PM					
ORDER NO. : 353292-005					
CUSTOMER NO: 8420538					
CHANGE OF AGENT					
NAME: MACRO COMPANIES, INC.					
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 CORPORATIONS

statement of cha	provisions of sections 607.0502, 617. nge is submitted for a corporation of r to change its registered office or re	rganized under the law	vs of the State of Del	aware	
1. The name of t	he corporation: MACRO COMPAN	IES, INC.	·		
2. The principal	office address: 101 Millstone Road,	Broussard, LA 7051	8		
3. The mailing a	ddress (if different): P.O. Box 1257	, Broussard, LA 7051	18		
	oration/qualification: 06/12/2006		number: F060000040	189	
	street address of the current register tment of State: (If resigned, enter res		d office on file with th		
	Corporation Service Company			024	
	1201 Hays Street			2024 MAR -6	
	Tallahassee	FL	32301	-6	
6. The name and (if changed):	street address of the new registered  Cogency Global Inc.	agent (if changed) and	1/or registered office	AM II: 39	
115 North Calhoun Street, Suite 4					
P.O. Box NOT acceptable					
	Tallahassee	FL	32301		
The street addre	ss of its registered office and the st be identical.	reet address of the bu	siness office of its rep	zistered agent,	
Such Change was authorized by the	s authorized by resolution duly add e board, or the corporation has been	pted by its board of d a notified in writing o	lirectors or by an offi- of the change.	cer so	
\ Lee	E Wene	Jili Cilmi, Vice			
/ 14	o of an oblicer or director		ed or typed name and title	<u> </u>	
I hereby occupi I further agree to of my duties, and document is bein corporation has Cogency G			ms capacity, epoper and complete ition as registered ag a address, I hereby co	e performance ent. Or, if this onfirm that the	
BY: KLLLY	TUJUH ASISTAN SAN	<del>па</del> пу	3/6/2024		
If signing on bel	half of an entity:				
Lelycay	Matter of Residenced Agent  half of an entity:  ASS Funt Secreti  padd or Printed Name	nj			

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (04/13)