F08000003696

8/22/2013 12:42:21 From: To: (850) 617-6380 (1/2)

Florida Department of State
Division of Corporations
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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

REGISTERED AGENT CHANGE
PETROLEUM SERVICE & CALIBRATION, INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	$35.00

RA/RD/ch8
@ 8/23/13

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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 NORTH CAROLINA *in order to change its registered office or registered agent, or both, in the State of Florida.*

1. The name of the corporation: PETROLEUM SERVICE & CALIBRATION, INC.

2. The principal office address: 7973 VISTA VIEW DR.
SHERRILLS FORD, NC 28673

3. The mailing address (if different): 7973 VISTA VIEW DR.
SHERRILLS FORD, NC 28673

4. Date of incorporation/qualification: 08/22/2008 Document number: F08000003696

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)

DOYLE, PATRICK W. ESQ.
800 W. MORSE BLVD., STE. 1
WINTER PARK, FL 32789

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

NRAI SERVICES, INC.
1200 SOUTH PINE ISLAND ROAD
P.O. Box NOT acceptable
PLANTATION, FL 33324

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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.

Signature of an officer or director

Jean Jenkins-McCrary Treasurer
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.

Michele Holden
Signature of Registered Agent

8/22/13
Date

If signing on behalf of an entity:

MICHELE HOLDEN, ASST SECT
Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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