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SECRETARY OF STATE STATE OF CORPORATIONS

4. BRYAN NOV 1 4 2006



	ACCOUNT NO. :	:	0721000000	32		
	REFERENCE :	:	580667	7538928	3	
A	UTHORIZATION :	:	Spelled	enan	<u>ر</u>	
	COST LIMIT :	: 	\$ 65.00			.
ORDER DATE : Nov	ember 6, 2006					
ORDER TIME : 10:	06 AM					
ORDER NO. : 580	667-030					p S
CUSTOMER NO:	7538928		·			6.60
		-			·	-=- 经
	CHANGE OF AGE	ENI	-		·	FOR STATIONS TORPORATIONS A PH 12: 49
	SERVISAIR & SHE SERVICES LLC	ELI	. FUEL			. 9 . 88 . 88
PLEASE RETURN THE	FOLLOWING AS E	PRC	OOF OF FILI	NG:		
XX , PLAIN STA	MPED COPY					
CONTACT PERSON:			·			
	EXAN	(v) T [v	IER'S INITI	ALS:		_

- STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, 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. The name of the limited liability compa	ny is: SERVISAI	R & SHELL FUEL SERVICES I	LC
2. The mailing address of the limited liabi	lity company is:	111 Great Neck Road, Suite 60	0
		Great Neck, NY 11022	· · · · · · · · · · · · · · · · · · ·
12/31/2003	· ·	M03000004356	· · · · · · · · · · · · · · · · · · ·
3. Date of filing/registration in Florida	· · · · · · · · · · · · · · · · · · ·	4. Document number	
5. The name of the registered agent and the Florida Department of State:	registered office	address as shown on the re	cords of the
	CT Corporation Sys	tem	
	Name		* ** * .
12	00 South Pine Island	Road	
	Áddress		2 7
	Plantation, FL 3332	24	N SEC
	City, State and Z	ip	2 點
6. The name and address of the new register	ered agent and/or	office:	SECRETARY OF STATEMENT OF NOV 14 PH 12: 49
Con	npany	THE PROPERTY.	
	Name		い。当
	1201 Hays Street		6.
Florida street ac	ddress (P.O. Box	NOT acceptable)	7 7 150
Tallahassee		32301	
C	City, State and Zip		
If the limited liability company is not organ confirmed that after the change or changes and the business office of the registered age liability company, it is hereby confirmed the of the members of the limited liability comport the operating agreement of the limited li	are made, the Floent will be identicated the change(s) apany or as others ability company.	orida street address of the re cal. Or, in the case of a Flor was/were authorized by an a	gistered office rida limited affirmative vote
Maureen Cullen, Authorized Person			
(Printed or typed name of signee)			•
I hereby accept the appointment as registe comply with the provisions of all statutes reand I am familiar with and accept the oblig Chapter 608, F.S. Or, if this document is be address, I hereby confirm that the limited light (Signature of Registered Agent) Elizabeth A. Dawson,			

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