

M1400000 4013

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

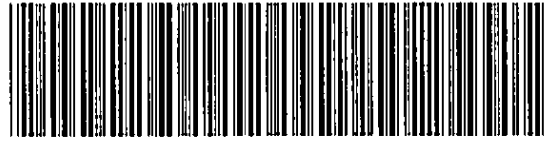
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400339932014

01/23/20--01014--011 **30.00

2020 JAN 29 PM 5:17

30

C. GOLDEN

FEB 24 2020

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BioSphere Fuels, LLC
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Anntanette Reece
Name of Person

BioSphere Fuels, LLC
Firm/Company

10601 North Pennsylvania Avenue
Address

Oklahoma City, OK 73120
City/State and Zip Code

incometax@loves.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Anntanette Reece, Licensing Coordinator at (405) 463-8891
Name of Person Area Code & Daytime Telephone Number

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

- \$25 Filing Fee \$30 Filing Fee & Certificate of Status \$55 Filing Fee & Certified Copy \$60 Filing Fee, Certificate of Status & Certified Copy

BioSphere Fuels, LLC™

10601 North Pennsylvania Avenue, Oklahoma City, OK 73120

January 24, 2020

Division of Corporations
Attn: Amendment Section
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

RE: BioSphere Fuels, LLC
Document Number: M14000004013

Dear Madam or Sir,

Enclosed please find the Application by Foreign Limited Liability Company to File Amendment to Certificate of Authority to Transact Business in Florida for BioSphere Fuels, LLC. Also enclosed is a check in the amount of \$30.00 to cover the Filing Fee and Certificate of Status Fee.

Please send the license/permit and all correspondence to the corporate office address listed below.

**BioSphere Fuels, LLC
Attn: Licensing Department
PO Box 26210
Oklahoma City, OK 73126**

Should you have any questions or need any additional information, please call me at (405) 463-8321 or email me at anntanette.reece@loves.com. You may also contact the Licensing Department at (405) 463-8891 or by email at storelicensing@loves.com.

Sincerely,

Anntanette Reece

Anntanette Reece
Licensing Coordinator

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT
BUSINESS IN FLORIDA

2014.09.29 PM 5:17

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: BioSphere Fuels, LLC

Enter new principal office address, if applicable: N/A

(Principal office address
MUST BE A STREET ADDRESS) N/A

Enter new mailing address, if applicable: N/A

(Mailing address
MAY BE A POST OFFICE BOX)

2. The Florida document number of this limited liability company is: M14000004013

3. Jurisdiction of its organization: Oklahoma

4. Date authorized to do business in Florida: 06/09/2014

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: N/A
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C.," or "LLC.")

6. If amending the registered agent and/or registered officer address on our records, enter the name of the new registered agent and/or the new registered office address here: N/A

Name of New Registered Agent: _____

New Registered Office Address: _____
Enter Florida Street Address

_____, Florida _____
City Zip Code

New Registered Agent's Signature, if changing Registered Agent:

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 obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

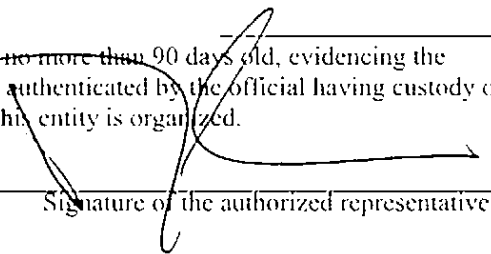
7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

N/A

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

<u>Title/Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>VP, Treasurer, Manager</u>	<u>Spencer W. Haines</u>	<u>10601 N. Pennsylvania Avenue Oklahoma City, OK 73120</u>	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
<u>President</u>	<u>Gregory M. Love</u>	<u>10601 N. Pennsylvania Avenue Oklahoma City, OK 73120</u>	<input checked="" type="checkbox"/> Add
		<u>EVP</u>	<input checked="" type="checkbox"/> Remove
<u>EVP</u>	<u>Frank C. Love IV</u>	<u>10601 N. Pennsylvania Avenue Oklahoma City, OK 73120</u>	<input checked="" type="checkbox"/> Add
		<u>President, CEO</u>	<input checked="" type="checkbox"/> Remove
<u>Secretary, Treasurer, Manager</u>	<u>Douglas J. Stussi</u>	<u>10601 N. Pennsylvania Avenue Oklahoma City, OK 73120</u>	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
<u>Manager</u>	<u>Laura Love</u>	<u>10601 N. Pennsylvania Avenue Oklahoma City, OK 73120</u>	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove

9. Attached is a certificate, if required, no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.



 Signature of the authorized representative

Douglas J. Stussi, Vice President

 Typed or printed name of signee

Filing Fee: \$25.00