T14000003647

(Re	questor's Name)			
	_			
(Add	dress)			
(Ad	dress)			
(City/State/Zip/Phone #)				
PICK-UP	WAIT	MAIL		
(Bu	siness Entity Nan	ne)		
(Do	cument Number)			
Certified Copies	_ Certificates	of Status		
Special Instructions to	Filing Officer:			
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Office Use Only



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RIAXIN



CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Ami Casper ami.casper@cscglobal.com

Date: October 11, 2018

Order#: 424888-018

Re: SPRAGUE ENERGY SOLUTIONS INC.

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$35 .

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Ami Casper c/o Corporation Service Company 251 Little Falls Drive Wilmington, DE 19808

X Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are my problems or questions with this filing, please call our office.

JCA. XCOA

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

	•	0502, 607.1508, or 617.1508, Florida Stat ganized under the laws of the State of De	
in orde	er to change its registered office or reg	gistered agent, or both, in the State of Flor	ida.
1. The name of	the corporation: SPRAGUE ENERGY	Y SOLUTIONS INC.	
2. The principal	office address: 185 International Dr	ive, Portsmouth, NH 03801	
3. The mailing a	address (if different):		
4. Date of incor	poration/qualification: 08/29/2014	Document number: F140000036	647
	d street address of the current registere rtment of State: (If resigned, enter resi	ed agent and registered office on file with tigned)	he
	C T Corporation System		
	1200 South Pine Island Road		
	Plantation	FL 33324	. 08 8:
6. The name and (if changed):	d street address of the new registered a Corporation Service Company	agent (if changed) and /or registered office	PILED MID
	1201 Hays Street		
	P.O. Box	NOT acceptable	
	Tallahassee	FL 32301	
The street addre	ess of its registered office and the strobe identical.	eet address of the business office of its re	gistered agent.
Such change wa authorized by th	as authorized by resolution duly adop ne board, or the corporation has been	oted by its board of directors or by an officential of the change.	cer so
Xel	Jill Cilmi, Vice President		
/ l*	ic of an officer or director	Printed or typed name and title	
I further agree a performance of agent. Or, if the hereby confirm Corporatio	the appointment as registered agent to comply with the provisions of all s my duties, and I am familiar with an is document is being filed merely to rethat the corporation has been notified to Service Company	tatutes relative to the proper and completed accept the obligation of my position as reflect a change in the registered office ac	te registered Adress. I
By: Sign	nature of Registered Agent	Date	
If signing on be	half of an entity:		
Ami M. Casper,	, Asst. Vice President		
	wood or Printed Name		

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