Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023

Phone : (850)222-1092

Fax Number

: (850)878-5368

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email	Address:			
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REGISTERED AGENT CHANGE ON-SITE FUEL SERVICE, INC.

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Electronic Filing Menu Corporate Filing Menu

HelpEXANINER

SECRETARY OF STATE DIVISION OF CORPORATIONS

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS 14 JUL - 1 AM 10: 13

statement of cha		organized under	8, or 617,1508, Florida Statutes, this the laws of the State of <mark>Mississippi</mark> or both, in the State of Florida.				
1. The name of t	he corporation: On-Site Fuel Service	e, Inc.					
2. The principal	office address: 1089 A Old Fannin	Road, Brandon, MS					
3. The mailing a							
4. Date of incorp	poration/qualification: 01/24/2001	Docu	nment number: F01000000447				
5. The name and	street address of the current registment of State: (If resigned, enter	tered agent and re					
	C T Corporation System						
	1200 South Pine Island Road						
	Plantation, FL 33324						
6. The name and (if changed):	street address of the new register	ed agent (if chang	ed) and /or registered office				
	NRAI Services, Inc.						
	1200 South Pine Island Road						
	P.O. Box NOT acceptable Plantation, Florida 33324						
The street addre	ess of its registered office and the be identical.	street address of	the business office of its registered	agent,			
Such change was authorized by th	s authorized by resolution duly a te board, or the corporation has b	dopted by its boar een notified in wr	rd of directors or by an officer so iting of the change.				
May	aret Works	_Me	vacuet Wong VP-F	inance			
I hereby accept I further agree to performance of agent. Or, if the hereby confirm	the appointment as registered as to comply with the provisions of a my duites, and I am familiar with some filed merely that the corporation has been no	ent and agree to ill statutes relative and accept the o to reflect a chang tifled in writing o	act in this capacity. e (o the proper and complete bligation of my position as register te in the registered office address, i f this change.	red T			
By:	ervices, Inc.		/2014				
Éig	nature of Registered Agent	- •	Date				
If signing on be	halfofan entity; Jonathan Miles, Asst.	Secy.					
_ ·	ped or Primed 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 CR2E045 (03/12)