## F04000003283

(Requestor's Name)		
REGISTERED AGENTS OF LUTIONS IN CONTROL OF THE PROPERTY OF THE		
(City/State/Zip/Phone #)	-	
PICK-UP WAIT MAIL		
· (Business Entity Name)	-	
(Document Number)	_	
Certified Copies Certificates of Status	-	
Special Instructions to Filing Officer:	]	

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2013 SEP 16 PH 2: 03
SECRETARY OF STATE
JALLAHASSEE, FLORIDA

9/24/13

August 19, 2013

## VIA US MAIL

Florida Department of State Division of Corporations Corporate Filings P.O. Box 6327 Tallahassee, FL 32314

Re: Chemoil Corporation

Dear Sir or Madam:

On behalf of the above-referenced corporation, enclosed please find the following for filing with the Florida Secretary of State:

1. One original (1) and one (1) copy of Change of Registered Agent/Address form;

\$2. \$35 \$25 LLC to cover the required filing fee.

Please file immediately the enclosed, and return a file-stamped copy to the undersigned.

If you have any questions regarding this filing, feel free to contact the undersigned directly at (888) 705-7274.

Respectfully,

Adam Saldaña

REGISTERED AGENT SOLUTIONS, INC.

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

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this ange is submitted for a corporation organized under the laws of the State of California are to change its registered office or registered agent, or both, in the State of Florida.
1. The name of	the corporation: CHEMOIL CORPORATION
	office address:
3. The mailing a	address (if different):
4. Date of incorp	poration/qualification: 06/09/2004 Document number: F0400003283
	d street address of the current registered agent and registered office on file with the then the three timent of State: (If resigned, enter resigned)
	C T CORPORATION SYSTEM
	1200 SOUTH PINE ISLAND ROAD
	PLANTATION, FL 33324
6. The name and (if changed):	PLANTATION, FL 33324  I street address of the new registered agent (if changed) and /or registered office
	Registered Agent Solutions, Inc.
	155 Office Plaza Dr. Suite A
	Tallahassee, FL 32301
The street addre	ess of its registered office and the street address of the business office of its registered agent, be identical.
Such change was	as authorized by resolution duly adopted by its board of directors or by an officer so be board, or the corporation has been notified in writing of the change.
//WM	Steve Scoppetuolo, CFO Printed or typed name and title
I hereby accept I further agree to performance of agent. Or, if the	the appointment as registered agent and agree to act in this capacity, to comply with the provisions of all statutes relative to the proper and complete my duties, and I am familiar with and accept the obligation of my position as registered is document is being filed merely to reflect a change in the registered office address, I that the corporation has been notified in writing of this change.
ALLEY (Figr	nature of Registered Agent Date
If signing on bel	half of an entity:
	ht, Asst. Secretary
Ty	/ped or Printed Name

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (03/12)

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