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To:

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Account Number : FCA000000023

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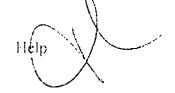
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REGISTERED AGENT CHANGE ARAMSCO, INC.

Certificate of Status	0
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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

From: David Thomas

statement of che	mge is submitted for a corporatio	617,0502, 607,1508, or 617,1508, Florida Statu in organized under the laws of the State of <mark>Delw</mark> ir registered agent, or both, in the State of Flori	ware
1. The name of	the corporation; Aramsco, Inc.		
2. The principal	office address: 1480 Grandview A	venue, Paulsboro, NJ 08066	
3. The mailing a	address (if different): PO Box 29,	Thorofare, NJ 08086	
4. Dateofincorp	oration/qualification: 04/18/2005	Document number: 10500000233	5
5. The name and		istered agent and registered office on file with th	
	CORPORATE ACCESS, INC.		
	236 EAST 6TH AVENUE		2(
	TALLAHASSEE, FL 32303		2022 DEC 14
6. The name and (ifchanged):	d street address of the new registe	rred agent (if changed) and /or registered office	
	C T Corporation System		AH 8
	1200 South Pine Island Road		
	Plantation, Florida 33324	P.O Box NOT acceptable	7
The street address changed will	ess of its registered office and the be identical.	e street address of the business office of its reg	jistered agent.
Such change wa authorized by the	as authorized by resolution duly he board, or the corporation has	adopted by its board of directors or by an office been notified in writing of the change.	er so
/s/ Kate Moll-	Kate Moll-Taylor, Secretary		
Thereby accept I jurther agree of my duties, ar document is hel corporation ha	id I am familiar with and accept ing filed merely to reflect a chan s been notified in writing of this	Printed or typed name and title gent and agree to act in this capacity. all statutes relative to the proper and complet the obligation of my position as registered aging in the registered office address. I hereby cochange.	e performance ent. Or, if this optivm that the
C T Corporation /s/ Michele H	olden	12/05/2022	
Sig	mature of Registered Agent	Date	
If signing on be	half or an entity:		
Michele Holden.		_	
ľ	yped or Printed Name * * * FTL	ING FEE: \$35.00 * * *	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF \$\text{STATE}\$
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TAILLAHASSEE, F1, 32314
CR2E045 (04/13)

By: