Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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| To: | | | | |
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| | Division of Co | rporations | | |
| | Fax Number | : (850)617-6380 | | |
| | | | 35/00 | \simeq |
| From: | | | — ř · | |
| | Account Name | : C T CORPORATION SYSTEM | $\mathcal{L}_{\mathcal{L}}$ | = |
| | Account Number | : FCA000000023 | <u></u> | AON 0.00 |
| | Phone | : (614)280-3338 | | ~~~ |
| | Fax Number | : (954)208-0845 | | 8 |
| | | | | ٥. |
| | | | | <u></u> |
| **Enter | the email addres | ss for this business entity to be used for fut | ure . | : |
| | | ings. Enter only one email address please.** | | (D) |
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| Ľm- | il Address: | | , 7 i | |

REGISTERED AGENT CHANGE WESTERN INTERNATIONAL GAS & CYLINDERS, INC.

| Certificate of Status | 0 |
|-----------------------|---------|
| Certified Copy | 0 |
| Page Count | 02 |
| Estimated Charge | \$35.00 |

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Corporate Filing Menu

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| | ORATIONS |
|---------------------------------|--|
| | e provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this range is submitted for a corporation organized under the laws of the State of Texas |
| in ordi | ier to change its registered office or registered agent, or both, in the State of Florida. |
| 1. The name of | the corporation: WESTERN INTERNATIONAL GAS & CYLINDERS, INC. |
| | al office address: 7173 HWY 159E BELLVILLE, TX 77418 |
| | |
| 3. The mailing | address (if different): P.O. BOX 668 BELLVILLE, TX 77418 |
| 4. Date of incor | rporation/qualification: 02/21/2006 Document number: F06000001118 |
| 5. The name an Florida Depa | nd street address of the current registered agent and registered office on file with the artment of State: (If resigned, enter resigned) |
| | CAPITOL CORPORATE SERVICES INC |
| | 515 EAST PARK AVENUE 2ND FL |
| | TALLAHASSEE, FL 32301 |
| 6. The name an (if changed): | nd street address of the new registered agent (if changed) and /or registered office |
| | C T Corporation System |
| | 1200 South Pine Island Road |
| | P.O Box NOT occeptable Plantation, Florida 33324 |
| The street address changed will | ress of its registered office and the street address of the business office of its registered ager |
| Such change wanthorized by t | ras authorized by resolution duly adopted by its board of directors or by an officer so the board, or the corporation has been notified in writing of the change. |
| | 11 Aroud Stephen Stoud Secretary |

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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

Signifure of Registered Agent

If signing on behalf of an entity:

William Bleier Assistant Socretary

Typed or Printed 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 (04/13)