F0600006233

(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phon	e #)
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COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: ALGENOL BIOFUELS INC.

Name of Corporation

DOCUMENT NUMBER: F06000006233

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

QUANG HA

Name of Contact Person

ALGENOL BIOFUELS INC.

Firm/Company

16121 LEE ROAD

Address

FORT MYERS, FL 33912

City/State and Zip Code

IP.LEGAL@ALGENOL.COM /

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LILLIE MOROLES

at (Z3

498-2000-

Name of Contact Person

Area Code & Daytime Telephon

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle

Tallahassee, FL 32301

CR2E045 (03/12)

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

statement of change is	submitted for a corporation	7.0502, 607.1508, or 617.1508, Flor organized under the laws of the State	e of DELAWARE
	ange its registered office or in postion: ALGENOL BIO	registered agent, or both, in the State OFUELS INC.	of Fioriaa.
2. The principal office FORT MYERS	address: ATTN: LEGAL	. DEPT., 16121 LEE ROAE	
3. The mailing address	(if different):		
4. Date of incorporatio	n/qualification: 09/29/20	06 Document number: F00	6000006233
	address of the current regist of State: (If resigned, enter re	ered agent and registered office on fi esigned)	le with the
HA,	QUANG, 28100 BOI	NITA GRANDE DRIVE	
SUI	TE 200		
BON	NITA SPRINGS, FL 3	34135	
6. The name and street (if changed):	address of the new registere	ed agent (if changed) and /or registere	xd office
HA,	QUANG		
161	21 LEE ROAD		
FOF	P.O. BO RT MYERS, FL 3391	ox NOT acceptable	TALL
The street address of i as changed will be ide	ts registered office and the s	street address of the business office	of its registered agent,
Such change was auth authorized by the boar	orized by resolution duly add, or the corporation has be	dopted by its board of directors or by en notified in writing of the change.	
Signature of an o	rock officer or director	Printed or typed name a	***
I hereby accept the ap I further agree to com performance of my du agent. Or, if this docu hereby confirm that th	pointment as registered age ply with the provisions of a ties, and I am familiar with iment is being filed merely t te corporation has been not	ent and agree to act in this capacity. Il statutes relative to the proper and and accept the obligation of my pos o reflect a change in the registered ified in writing of this change.	complete ition as registered office address, I
Signature of	Hogistered Agent	November 15	2013
If signing on behalf of	an entity:		
. Typed or F	Printed Name		

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