Division of Corporations Public Access System

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## REGISTERED AGENT CHANGE

ETHANOL MUREX MANAGEMENT, INC.

Certificate of Status	0
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9/18/2008

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SEP-1 2008 13:50

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

Pursuant to the	provisions of sections 607.0502, 6	517.0502, 607.1508, or 617.1508, 1	Florida Statutes,
this statement o	f change is submitted for a corporat	ion organized under the laws of the	State of
Texas	in order to change its registe	ered office or registered agent, or b	oth, in the State
<i>of Florida.</i> 1. The name of	the corporation: ETHANOL MUREX	MANAGEMENT, INC.	Ž S
2. The principal office address: 5057 Keller Springs Rd. Ste. 150, Addison, TX 75001		SR SR	
3. The mailing address (if different):		To P	
			S 12
4. Date of incor	poration/qualification: 10/8/2007	Document number: F0	700000496 <b>%</b>
	d street address of the current register artment of State:	ered agent and registered office on fi	le with the
-	CORPORATION SERVICE COMPA	NY	
	1201 HAYS STREET		
	TALLAHASSEE FL 32301		_
6. The name a changed):	nd street address of the new registe  Business Filings Incorporated	ered agent (if changed) and /or reg	istered office (if
	1203 Governors Square Blvd, Suite	101	<del>-</del>
		ailbox NOT acceptable)	<b>-</b> :
	Tallahassee, Florida 32301-2960		<del>-</del>
The street addragent, as change	ess of its registered office and the steed will be identical.	treet address of the business office	of its registered
Such change wanthorized by t	as authorized by resolution duly ad- he board, or the corporation has bee	opted by its board of directors or by in notified in writing of the change.	an officer so
Signature of an office	Waitel	Richard J Bartel, CFO (Printed or typed name and title)	
( O	t the appointment as registered age to comply with the provisions of all f my duties, and I am familiar with a nt. Or, if this document is being file I hereby confirm that the corporati		complete ition as registered iis change.
office agaress,		9/17/04	
M	Signature of Registered Agent)	(1,1,0,0)	•
M	Signature of Registered Agent)	(Date)	<u></u>
M		(Date)	<u> </u>

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

Make Checks payable to Florida Department of State and Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

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