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Division of Corporations

Fax Number : (850) 617-6380

From:

Account Name : C T CCRPORATION SYSTEM

Account Number : FCA000000023 : (614)280-3338 : (954)208-0845 Phone Fax Number

Please honor original date 02/18/2020

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

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REGISTERED AGENT CHANGE R.B. STEWART PETROLEUM PRODUCTS, INC.

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

_	*	617,0502, 607,1508, or.617,1508, Florida n organized under the laws of the State o		
		r registered agent, or both, in the State of		٠.
1. The name of	the corporation: R.B. STEWART P	ETROLEUM PRODUCTS, INC.		
2. The principa	al office address: 215 SOUTH FRON	VT STREET ANGLETON, TX 77515		
· • • • • • • • • • • • • • • • • • • •				
3. The mailing	address (if different):			
4. Date of inco	rporation/qualification: 07/26/2017	Document number: F17000	0003443	.
	nd street address of the current regis artment of State: (If resigned, enter	stered agent and registered office on file versigned)	with the	
,	CAPITOL CORPORATE SERVIC	ES, INC.	20 338 341	
	515 E PARK AVE 2ND FLOOR		- 1. FEB	
	TALLAHASSEE, FL 32301		<u> </u>	
6. The name an (if changed):		ed agent (if changed) and /or registered o	AH 9: 03	ŗ
	c/o C T Corporation System, 1200 S	South Dina Juland Dood	_	
		Box NO Facceptable	-	
	Plantation, Florida 33324		•	
The street addr as changed wil	ess of its registered office and the l be identical.	street address of the business office of i	its registered agent,	
Such change wanthorized by t	as authorized by resolution duly a he board, or the corporation has be	dopted by its board of directors or by an een notified in writing of the change.	officer so	
_utit	the class of the rue director	Pete Petrosky, Jr., President Printed or typed name and to	itle	
I further agree performance of agent. Or, if th hereby confirm	to comply with the provisions of a f my duties, and I am familiar with	ent and agree to act in this capacity. ill statutes relative to the proper and coi and accept the obligation of my positio to reflect a change in the registered offi	mplete n as registered	
By: Kala	Tocation system	02/17/2020		
Sig	mature of Registered Agent	Date		
	chalf of an entity:		•	
	ly Laughrey, Asst. Sect.			
1	yped or Printed Name	/C FFF. \$25.00 * * *		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314