796000005543

(Re	equestor's Name)			
(Ad	ldress)			
(Address)				
(Cit	ty/State/Zip/Phone	: #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				

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C. GOLDEN APR - 6 2019



CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Ashley Seeman ashley.seeman@cscglobal.com

Date: March 27, 2019

Order#: 649353-003

Re: CARY OIL CO., INC.

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$35.00.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Ashley Seeman c/o Corporation Service Company 251 Little Falls Drive Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

OUCA.XCOA

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

statement of cha		7.0502, 607.1508, or 617.1508, Floi organized under the laws of the State egistered agent, or both, in the State	e of NC		
1. The name of t	he corporation: CARY OIL COMPA	ANY, INC.			
• •	office address: NAN DRIVE CARY NC 27511				
3. The mailing a	ddress (if different):				
4. Date of incorp	poration/qualification: 10/25/1996	Document number: F96	000005543		
	I street address of the current register tment of State: (If resigned, enter re	ered agent and registered office on fi esigned)	le with the		
	NRAI SERVICES, INC				
	1200 SOUTH PINE ISLAND ROAD		2019		
	Plantation	FL 33324	[] [] [] [] [] [] [] [] [] []		
6. The name and (if changed):	J	d agent (if changed) and /or registere			
	1201 Hays Street		<u> </u>		
	P.O. Box. NOT acceptable				
	Tallahassee	FL 32301			
The street addre	ss of its registered office and the sibe identical.	treet address of the business office	of its registered agent.		
Such change wa authorized by th	s authorized by resolution duly adde e board, or the corporation has bee	opted by its board of directors or by in notified in writing of the change.	an officer so		
ي كرنو	Jill Cilmi, Vice President				
I hereby accept I further agree t performance of agent. Or, if thi hereby confirm	o comply with the provisions of all my duties, and I am familiar with a	Printed or typed name a printed or typed name a printed or typed name a statutes relative to the proper and and accept the obligation of my possoreflect a change in the registered field in writing of this change.	complete ition as registered		
Ву:	vaca Catuble	03/15/2019			
_	nature of Registered Agent	Date			
Grace E. Kirby,	Asst. Vice President				
- Tru	ned or Printed Name				

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