## LEAD Document Services

## F9700006320 ACCOUNT FILING COVER SHEET

ACCOUNT NUMBER:		MASSIN THE	FILED	
REQUESTER NAME: LE	XIS DOCUMENT SER	VICES	<b></b>	
ADDRESS: P.O. BOX 296 SPRINGFIELD	69 D, ILLINOIS 62708	<b>∮</b> 400002606:	334-~O	
CONTACT NAME: CYNTHIA WOODYARD (904) 877-7296				
CORPORATION NAME:	Moffith Dil	Company, J	nc.	
AUTHORIZATION:	C. Worden	d olvis		
CERTIFIED COPY (1-9)  CERTIFICATE OF STATUS (1-9)  PLAIN STAMPED COPY  ( ) CALL WHEN READY ( ) CALL IF PROBLEM ( ) AFTER 3:30  WALK IN ( ) WILL WAIT ( ) PICK-UP  ( ) MAIL OUT (IF APPLICABLE)				
( ) CALL WHEN READY WALK IN ( ) MAIL OUT (IF APPLI	( ) CALL IF PROBLE ( ) WILL WAIT (CABLE)	EM ( ) AFTER 3:30		

300.534.9738

1002

## Florida Department of State, Sandra B. Mortham, Secretary of State

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

	provisions of sections 607.0502, 617.0502, 60 poration organized under the laws of the State	
submits the follov	ving statement in order to change its registered	V
State of Florida.	e corporation is: MOFFITT OIL COMPANY, I	NC ·
1. The name of th	e corporation is: MOFFITT OIL COMPANY, I	
2. The mailing add	dress of the corporation is: 1439 HWY 6 & 50	
<del></del>	FRUITA, CO 81521	
3. Date of incorp	oration/qualification: 12/1/1997	Document number:
4. The name and a	address of the current registered agent and office	e:
	C T CORPORATION SYSTEM	
	1200 SOUTH PINE ISLAND ROAD	
	PLANTATION, FL 33324	98 SEC TALL
5. The name and a	address of the new registered agent and office:	(P. O. Box Not Acceptable)
I	LEXIS DOCUMENT SERVICES	1488E
3	3953 WW KELLEY ROAD	To B
	TALLAHASSEE, FL 32311	
	s of its registered office and the street addres , will be identical.	<i>₹</i>
-	authorized by resolution duly adopted by its board	
authorized by the	board / D	- abola-
(Signature o	of an officer, chairman or vice chairman of the board	(Date)
/(ENNET	H W. EDIC, VICE PRES	IDENT Tholas
<u> </u>	(Printed or typed name and title)	(Date)
Having been nam corporation, I her I further agree to performance of m registered agent.	ed as registered agent and to accept service reby accept the appointment as registered ag comply with the provisions of all statutes re ty duties, and I am familiar with and accept	of process for the above stated gent and agree to act in this capacity. lative to the proper and complete the obligation of my position as
- Say	hature of Registered Agent)	JULY 24 1998 (Date)
If signing on behalf	of an entity:	
GARY E. POLI	ARD ped or Printed Name)	PRESIDENT (Capacity)
CR2E045(4/95)	· ·	(Capacity)

FILING FEE: \$35.00