F78000005824

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TRANSMITTAL LETTER

Division of Corporations	
SUBJECT: Lykins Oil Company	
	(Name of corporation)
DOCUMENT NUMBER:	F98000005824
The enclosed Statement of Change of	Registered Office/Agent and fee are submitted for filing.
Please return all correspondence conce	erning this matter to the following:
Tre	aci Smith (Name of person)
	(Name of person)
National Sen	vice Information, Inc. (Name of firm/company)
145 Baker S	tyeet (Address)
marron, OH	(City/state and zip code)
For further information concerning this	s matter, please call:
Traci Smith	at (740) 367-6606 Ext. 118
Enclosed is a \$35.00 check made paya	ble to the Department of State.

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

Amendment Section

T0:

Street Address:
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

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

change is subm	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Flatted for a corporation organized under the laws of the State of gistered office or registered agent, or both, in the State of Florida.		
1. The name of	the corporation: Lykins Oil Company	<u> </u>	
2. The principal	office address: 5163 Plesant Hill Rd, Milford, Oh 45150		
3. The mailing	address (if different		
4. Date of incom	poration/qualification: 10/19/1998 Document number:	F9800000582	<u> </u>
	d street address of the current registered agent and registered office on i	file with the	
	C T Corporation System		
	1200 South Pine Island Road		رانه 10 م
	Plantation, Florida 33324		
6. The name an (if changed):	d street address of the new registered agent (if changed) and /or register NRAI Services, Inc.	red office	LED. PM 3:50
	526 E. Park Avenue		»
	(P.O. Box or personal mailbox NOT acceptable)		
	Tallahasse, Florida 32301		.2
_	ress of its registered office and the street address of the business office identical.		
Thereby accep	the appointment as registered agent and agree to act in this capaci	or typed name and title)	10954
duties, and I as being filed me	to comply with the provisions of all statutes relative to the proper a familiar with and accept the obligation of my position as registere rely to reflect a change in the registered office address, I hereby con writing of this change.	d agent. Or, if this onfirm that the corp	document is
by: 31Q	(Signature of Registered Agent)	(Date)	
If signing on b	ehalf of an entity:		
	(Typed or Printed Name)	(Capacity)	

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