

L01000011881

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

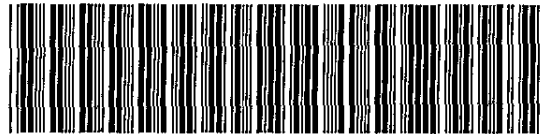
(Business Entity Name)

(Document Number)

Certified Copies _____ . Certificates of Status _____

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08/25/03--01048--020 **50.00

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03 AUG 25 AM 11:26
DIVISION OF CORPORATIONS

FILED
03 AUG 25 AM 8:08
STATE OF FLORIDA
TALLAHASSEE, FLORIDA

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Gas Con LLC

Files 1st

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TALLAHASSEE FLORIDA

Signature _____

Requested by: WL 8/25 11:00
Name Date Time

Walk-In _____ Will Pick Up _____

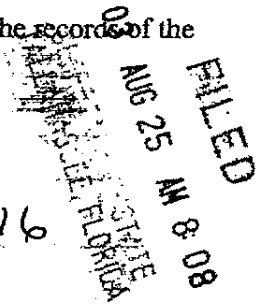
- _____ Art of Inc. File _____
- _____ LTD Partnership File _____
- _____ Foreign Corp. File _____
- _____ L.C. File _____
- _____ Fictitious Name File _____
- _____ Trade/Service Mark _____
- _____ Merger File _____
- Art. of Amend. File _____
- RA Resignation _____
- _____ Dissolution / Withdrawal _____
- _____ Annual Report / Reinstatement _____
- _____ Cert. Copy _____
- Photo Copy _____
- _____ Certificate of Good Standing _____
- _____ Certificate of Status _____
- _____ Certificate of Fictitious Name _____
- _____ Corp Record Search _____
- _____ Officer Search _____
- _____ Fictitious Search _____
- _____ Fictitious Owner Search _____
- _____ Vehicle Search _____
- _____ Driving Record _____
- _____ UCC 1 or 3 File _____
- _____ UCC 11 Search _____
- _____ UCC 11 Retrieval _____
- _____ Courier _____

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the limited liability company is: GAS CON LLC
2. The mailing address of the limited liability company is : 15476 NW 77th #437
Miami Lakes Florida 33016
3. Date of filing/registration in Florida 7-18-2001 4. Document number L01000011881

5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:
- Florin Leonides
Name
15476 NW 77th #437
Address
Miami Lakes FL 33016
City, State and Zip



6. The name and address of the new registered agent and/or office:
- Dora Rodriguez
Name
15476 NW 77th #437
Florida street address (P.O. Box NOT acceptable)
Miami Lakes FL 33016
City, State and Zip

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Dora Rodriguez
(Signature of a member or authorized representative of a member)
Dora Rodriguez
(Printed or typed name of signee)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Dora Rodriguez
(Signature of Registered Agent)

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314