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	(Requestor's Name)
	(Address)
<u></u>	(Address)
	(City/State/Zip/Phone #)
	(Business Entity Name)
	(Document Number)
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APITAL CONNECTION, INC.	
E. Virginia Street, Suite 1 • Tallahassee, Florida 32301	
) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222	
	TALLATIASSIE, TORIDE
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MR Potro, LLC	
	The A
	Port Port
	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 Charge
	RA Resignation
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	Certificate of Fictitious Name
	Corp Record Search
	Officer Search
	Fictitious Search
	Fictitious Owner Search
iture	Vehicle Search
	Driving Record
ested by:	Driving Record
ested by: WL 12/2 9:00	Driving Record UCC 1 or 3 File UCC 1 (Search

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

Pursuant to the provis liability company submagent, or both. In the Si	ions of sections 608.416 hits the following statementate of Florida. ited liability company is:	OF 608.508, Florida Statu It in order to change its re CMR PETRO, LLC	tes, the undersigned limited gistered office or registered
		npany is : 8850 Canopy (Jaks Drive
Jacksonville FL 322			······································
02/24/04	2/24/04 L0400001 4 94		41
3. Date of filing/regists	Date of filing/registration in Florida 4. Document num		umber
5. The name of the regi Florida Department of	of State: Chidambaram Raya 8850 Canopy Oaks Jacksonville, FL 322	Name Drive Address 256	n on the records of the
6. The name and addres	City, S ss of the new registered ag Mallikarjuna R. Jerri		1 2: 20
	8324 Warlin Drive,		7
	Florida street address Jacksonville,	(P.O. Box NOT acceptable FL 32216	•)
	Chief, 64	ata and Tim	

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.

mar 121 0

12/06/04 (Signature of a member or authorized representative of a member)

Mallikarjuna R. Jerripothula

(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. ma melil

(Signature of Registered Agent)

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

FILING FEE: \$25.00