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N. Outligan APR 28 2006

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

Pursuant to the provi liability company sub- agent, or both, in the S	mits the following	608.416 or g g statement in	608.508, Florida order to change	Statutes, the its registered	undersigned limited office or registered
1. The name of the lin	nited liability con	npany is:	Flabama	Petro	, Lic.
2. The mailing addres	s of the limited li	ability compa	ny is : <u>210</u>	Lock	Kd.
Duyreld	beach,	Fl.	33442	P	
02/03/05			L	0500001	1455
3. Date of filing/regis	tration in Florida		4. Docum	ment number	
5. The name of the reg Florida Department		the registered	l office address as	s shown on the	records of the
		Nar	no		TAS 8
		. ,			E S
	٠	. Add	******		12 N 21
	· /—	City, State	and Zip		ILED 21 PM ASSEE,
6. The name and addre	ess of the new reg	istered agent	and/or office:		PM 12: 3
	Ma.	nzurul	(slam		용음 3
	210	Lolk		······································	₽
			D. Box NOT acce	eptable)	
	Desieled	Beach . EL	3344	1 .	
	pau	City, State	3344 and Zip		·
If the limited liability confirmed that after the and the business office liability company, it is of the members of the or the operating agrees	e change or change of the registered hereby confirmed limited liability of	ges are made, agent will be d that the char company or as	the Florida street identical. Or, in age(s) was/were as otherwise provide	address of the	registered office
(Signature of a member or au	therized representative	of a member)			
Man zucul (Printed or typed name of sig	1slam.		 -		
I hereby accept the ap- comply with the provis and I am familiar with Chapter 608, F.S. Or, address, I hereby conf. (Signature of Registered Age	ppointment as reg tions of all statute and accept the o if this document irm that the limite Mint)	istered agent es relative to t bligations of i is being filed ed liability con	and agree to act of the proper and co ny position as res to merely reflect npany has been n	in this capacity mplete perform gistered egent de a change in the otified in writi	v. I further agree to as provided for in a registered office ng of this change.
Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00					

INHS18 (8/05)