2/1000054958

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
A. LUNT				
JUN 21 2011				
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TALLAHASSEE, FLORIDA

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COVER LETTER

TO:	Registration Section Division of Corporations	•			
SUBJ		QUID FUELS LTD, LLC Limited Liability Company			
Dear :	Sir or Madam:				
The e	nclosed Registered Agent/Registered	Office Change and fee(s) are submitted for filing.			
Please	e return all correspondence concerning	g this matter to the following:			
	DAWN M. GINNATY				
	Name of Person PATHSTONE FAMILY OFF Firm/Company	TALLAHASSEE, FLORE	24°		
	3333 PIEDMONT RD NE, SUIT Address	E 2000 - FLORID.			
	ATLANTA, GA 30305 City/State and Zip Code				
E	DGINNATY@PATHSTONE.(-mail address: (to be used for future annual report	COM notification)			
For fu	orther information concerning this ma	tter, please call:			
	DAWN M. GINNATY Name of Person	at (404) 592-0183 Area Code & Daytime Telephone Number			
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314			
Enclosed is a check for the following amount:					
	\$25 Filing Fee	\$55 Filing Fee & Certified Copy			

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.

agoni, or boin, in the state of 1 tortain				
Name of the limited liability company:	IQUID FUELS LTD, LLC			
2. (a) Principal office address of limited liability compa	any: 4110 ENTERPRISE AVE			
(Note: MUST BE STREET ADDRESS)	SUITE 214 NAPLES, FL 34104			
(b) Mailing address of limited liability company:	4110 ENTERPRISE AVE			
(Note: MAY BE POST OFFICE BOX)	SUITE 214 NAPLES, FL 34104			
5/5/2011	L11000054958			
3. Date of filing/registration in Florida	4. Document number			
5. (a) Registered Agent and Registered Office shown of	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:			
Registered Agent:	WILLIAM H SULLIVAN AND STATE S			
Registered Office Address:	4110 ENTERPRISE AVE			
(b) Enter name of NEW Registered Agent and/or N	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u> :			
NEW Registered Agent:	DAVID SCOTT BRAVERMAN			
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	4110 ENTERPRISE AVE SUITE 214 NAPLES ,FL 34104			
If the limited liability company is not organized under the confirmed that after the change or changes are made, the and the business office of the registered agent will be idliability company, it is hereby confirmed that the change of the members of the limited liability company or as off the operating agreement of the limited liability company. Signature of a member or authorized representative of a member	e Florida street address of the registered office entical. Or, in the case of a Florida limited			
NEIL K BRAVERMAN Printed or typed name of signee				
I hereby accept the appointment as registered agent an comply with the provisions of all statutes relative to the and I am familiar with and accept the obligations of my Chapter 608, F.S. Or, if this document is being filed to address, I hereby confirm that the limited liability comp	d agree to act in this capacity. I further agree to proper and complete performance of my duties, position as registered agent as provided for in merely reflect a change in the registered office any has been notified in writing of this change.			

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00

INHS18 (05/08)