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Division of Corporations

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From:

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Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (954)208-0845

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## LLC REGISTERED AGENT CHANGE SAFE FUEL SYSTEMS, LLC

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

Pursuant to the provisions of sections 605.0114 or 605.0116, 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. N	ame of the limited liability company: Safe Fuel Systems	, LLC						<u>-</u>			
2. (a)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	(b)									<del></del>
	860 W. 84th Staurt	_		6	710	N.	Jc.	OHS	dale	Rd. #	25
	Hialenh, Florida 33014	_	_	2	icts.	dala	<u>, z</u>	ARIZ	ONM	852	<u>Z</u> Z
	09/30/2017		1.3	7000	15595	7					
3. 5. (a)	Date of filing/registration in Florida FUENTES, JOSE RAFAEL	4.			D	ocumei	at nu	mber			
J. (a)	Registered Agent and Registered Office shown on the records of the 860 W 84TH ST	te Floric	da De	pt. of	State:						
	Registered Office Address (MUST BE FLORIDA STREET A	DORES	S								
	HIALEAH FL.	33014		· · · · · · · · · · · · · · · · · · ·		٠.	!	X CONTRACTOR	<i>THE O</i>	<b>्र</b> म्स	
(b)	C T Corporation System							1 1	=	garan.	
(6)	Enter name of NEW Registered Agent and/or NEW Begistered (	Office no	<u>(ldre</u>	<u>11</u> :					_ >	i in Gi	
	NEW Registered Office Address:						£.		五 (5)		
	1200 South Pinc Island Road						نتر	<b>5</b>	49		
	Plantation , FL	33324									
the cha agent was/wi the arti- signa I here provisi the obti- notifies	imited liability company is not organized under the law inge or changes are made; the Florida street address of twill be identical. Or, in the case of a Florida limited liability is authorized by an affirmative vote of the members of cles of organization or the operating agreement of the liability of a member of a statules relative to the proper and compele pigations of my position as registered agent as provided by reflect a change in the registered office oddress. I had in writing of this change.  C. T. Cordoration System.  Kimberly Laughrey, Asst. Sereof Registered Agent	he regional he regional he lin imited be to accompany to	ister omp nite liab	ed of pany, if liab lility is	fice a it is hallity compa	nd the bereby company	ontir ontir y or a typed	ess of med to as other name of	fice of that the carwise possess of the carwing possess of the carwi	he registe change(s) provided i	ered n