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To:

Division of Corporations

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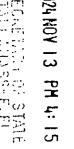
From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone

: (307)200-2803

Fax Number : (813)436-5206



Fax: 8134365206

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

| mail | Address: | | | | | |
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LLC REGISTERED AGENT CHANGE PETRO-CHARGE LLC

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M. SOLOMON

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11/13/2024 13:29:04 PST - . . To: 18506176383 Page. 2/2 Fax: 8134365206

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. 3 | Name of the limited liability company: PETRO-CHARG | E LLC | |
|--|--|--|---|
| 2. (a | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | (b) | Mailing address of funited fiability company: (Note: MAY BE POST OFFICE BOX) |
| 3. | 01/27/2024 Date of filing/registration in Florida ZENBUSINESS INC. | L2300 | Document number |
| 5. (i | Registered Agent and Registered Office shown on the records of to 336 E. COLLEGE AVE. Registered Office Address | | |
| (b) | TALLAHASSEE | 2024 NOV 13 | |
| | PEGISTERED AGENTS INC Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u> 7901 4TH ST N | THE STATE OF THE S | |
| | NEW Registered Office Address: STE 300 | | |
| | ST. PETERSBURG | 33702 | |
| changagent was/v the a | elimited liability company is not organized under the law ge or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lia were authorized by an affirmative vote of the members of rticles of organization or the operating agreement of the | es of the State registered offi- bility company of the limited li | ce and the business office of the registered y, it is hereby confirmed that the change(s) ability company or as otherwise provided in y company. |
| Sign | nature of a member or authorized representative of a member | | Printed or typed name of signee |
| I her provi the o to me notifi | reby accept the appointment as registered agent and agressions of all statutes relative to the proper and complete phligations of my position as registered agent as provided arely reflect a change in the registered office address. I have in writing of this change. WE Provits David Roberts | ee to act in this performance of I for in Chapte pereby confirm | s annualty. I further carrie to commb with the |
| | sture of Registered Agent | | |