MU300002123

(Re	questor's Name)		_			
(Address)						
(Address)						
(Cit	y/State/Zip/Phone	: #)	_			
•	•	•				
PICK-UP	MAIT	MAIL				
(Bu	siness Entity Nam	ne)				
(D)	cument Number)	_ _				
00)	cument Number)					
Certified Copies	_ Certificates	of Status	_			
Special Instructions to Filing Officer:						



900027001459

MAR -1 PM

PH 2: OBVISION OF CORPORATION

04 MAR -1 PH 12: 4

Office Use Only



ACCOUNT NO. : 072100000032

REFERENCE : 457942 4370853

AUTHORIZATION :

COST LIMIT : \$ 25.00

ORDER DATE: February 24, 2004

ORDER TIME : 9:17 AM

ORDER NO. : 457942-230

CUSTOMER NO: 4370853

CUSTOMER: Ms. Carla Cantrell

Koch Industries, Inc.

Po Box 2256

Wichita, KS 67220

CHANGE OF AGENT

NAME: FHR LUBRICANTS, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Ellyn Herndon

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.

1. The name of the limited	l liability company is	: FHR LUBRI	CANTS, LLC		
2. The mailing address of	the limited liability c	ompany is : _			
4111 E. 37th Stree	: North, Wichita,	KS 67220			
06/20/0000			***********		
06/30/2003	to 771 1		M03000002123		
3. Date of filing/registration	n in rionda		4. Document nui	mber	
5. The name of the register Florida Department of S	ed agent and the regi	stered office a	ddress as shown	<u> </u>	
z torrou z spazanieni vi s		poration Sy	stem	FILED 2: 09 FILED PR 2: 09	
•		Name		一题多一	
	1200 Sout!	h Pine Islar	nd Road	表別と近	
•		Address		- 190 2 O	
Plantation, FL 33324					
•	City	, State and Zij	9	927 0	
6. The name and address o	f the new registered a	agent and/or o	ffice:	Str. C	
-	Corporatio	on Service C	ompany		
		Name			
-		Hays Street			
	Florida street addres	ss (P.O. Box N	NOT acceptable)		
-	Tallahassee	FL	32301	-	
	City,	State and Zip			
If the limited liability components of the chand the business office of the liability company, it is here the members of the limited the operating agreement of (Signature of a member or authorize	ange or changes are not be registered agent we by confirmed that the liability company or the limited liability.	nade, the Flor vill be identica e change(s) we as otherwise company.	ida street address Or in the case	of the registered office	
Maureen Cullen, Attor (Printed or typed name of signee)	ney in Fact				
I hereby accept the appoint comply with the provisions and I am familiar with and Chapter 608, F.S. Or, if the address, I hereby confirm the confirm the confirm the confirm the confirmal and t	tment as registered of all statutes relative accept the obligation is document is being that the limited liabil	agent and agre we to the prope ns of my posit, filed to merel ity company h	ee to act in this ca er and complete p ion as registered y reflect a change as been notified i	ipacity. I further agree to erformance of my duties, agent as provided for in e in the registered office n writing of this change.	
(Signature of Registered Agent)				· •	

FILING FEE: \$25.00

Elizabeth A. Dawson, Asst. Vice President
Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

INHS18(10/99)