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Office Use Only



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SECRETARY OF STATE IVISION OF CORPORATIONS

B. Treese AUG O & 2008



July 30, 2008

Division of Corporations Florida Department of State Clifton Building P.O. Box 6327 Tallahassee, FL 32314

RE: Petrolink USA, LLC

Dear Filing Officer:

Please file the attached change of agent form for the referenced company. Enclosed please find a check for the requisite fees. Please return evidence of filing to my attention via regular mail.

If for any reason the enclosed cannot be filed upon receipt, please contact the undersigned immediately at (800) 862-5438. Thank you very much for your assistance.

Very truly yours,

Tanya Dietrich

Senior Corporate Specialist

Encl.

COVER LETTER

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TO: Registration Section Division of Corporations				
SUBJECT: Petrolink USA, LLC	f Limited Liability Company)			
(Maine of	Difficed Encounty Company)			
Dear Sir or Madam:				
The enclosed Registered Agent/Registered	Office Change and fee(s) are submitted for filing.			
Please return all correspondence concernin	ng this matter to the following:			
Tanya Dietrich	·			
(Name of Person)				
National Corporate Services, LI	LC			
16055 Space Center Blvd., Ste.	235			
Houston, TX 77062				
(City/State and Zip Code)				
For further information concerning this ma	tter, please call:			
Tanya Dietrich	at (800) 862-5438			
(Name of Person)	(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 follow	ing 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.

1. The name of the limited	l liability company is	s: <u>Petroli</u>	nk USA,	LLC		
2. The mailing address of	the limited liability	company is:				
19939 West 162	•	–	66062			
				· · · · · · · · · · · · · · · · · · ·		·
1/5/06			M060000			
3. Date of filing/registrati	on in Florida		4. Document	number		
5. The name of the register Florida Department of S		istered office a	address as sho	wn on the reco	rds of the	
•	Corporation	Service (Company			
	1201 Hays St				80	01710 S
	Tallahassee,				AUG	ISION -
City, State and Zip			-7	유로		
6. The name and address of the new registered agent and/or office:			PH	RY OF STATE CORPORATIONS		
	NRAI Services, Inc.			∑: RAI	SIA RAI	
	2731 Executi	Name	orive Su	ite 4	29	<u>Š</u> E
•	Florida street addre			· 		ζħ.
	Weston	FL 3:	3331			
•	City,	State and Zip				
If the limited liability com confirmed that after the ch and the business office of liability company, it is her of the members of the lim or the operating agreement (Signature of a member or pahorization)	ange or changes are the registered agent veby confirmed that the ited liability compant of the limited liability.	made, the Flor will be identica ne change(s) w y or as otherw ity company.	ida street add: l. Or, in the cas/were autho	ress of the regis case of a Florid orized by an affi	stered offic a limited irmative v	ote
JOHN C-LONI	WANN, Manag	ger				
(Printed or typed name of signee)						
I hereby accept the appoint comply with the provisions and I am familiar with and Chapter 608, F.S. Or, if the address, I have by confirm to (Signature of Registered Agent)		agent and agreve to the properns of my position of my position of the filed to merelity company hi	ee to act in thi er and comple ion as registe y reflect a chu as been notifi	is capacity. I fu te performance red agent as pro inge in the regi ed in writing of	orther agri of my dut vided for stered offi this chan	ee to ies, in ce ge.
Denise Bell Ass	t. Secretary	O. Box 6327.	Tallahassee	FL 32314		
FILING FEE: \$25.00						