M130000032

(Requestor's Name)						
(Address)						
(Address)						
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(6)	- (Ct-t- (7:(Db	- 40				
(City/State/Zip/Phone #)						
PICK-UP	☐ WAIT	MAIL				
(Business Entity Name)						
\-	,	··- ,				
(D-						
(00	cument Number)					
Certified Copies Certificates of Status						
Special Instructions to	Filing Officer					
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Office Use Only



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SECRETARY OF STATE ALLAHASSEE, FLORIDA

KAPROVEO AND FILEO

SEP 3.0 Z014



CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

TO: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Janis M. Smith jsmith2@cscinfo.com

Date: September 19, 2014

Order#: 293694-003

Re: MUREX LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25 __.

Please take the following action:

XX File in your office on a routine basis.

XX ___ Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Janis M. Smith

c/o Corporation Service Company
2711 Centerville Road, Suite 400

Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

QUCA.XCOA

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	Name of the limited liability company: MUREX FUEL	S LLC				
2. (a)	5057 KELLER SPRINGS RD. #150	(b			1 11	
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			ling address of limited lia Note: MAY BE POST O		
	ADDISON TX 75001					
	01/03/2013		M13000000	032		
3.	Date of filing/registration in Florida	4.	Do	ocument number		
5. (a	BUSINESS FILINGS INCORPORATED					
	Registered Agent and Registered Office shown on the records of	f the Florida	Dept. of State:			
	515 E. PARK AVENUE				YAS F	•
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS	2		CR F	CED 33
			<u> </u>		HAS	ი ა <u>უ</u>
	TALLAHASSEE , FI	L 32301			rn-<	
	, , , , , , , , , , , , , , , , , , , ,					<u> </u>
(b)	Corporation Service Company				STATE	?
	Enter name of NEW Registered Agent and/or NEW Registered	d Office add	dress:			=
	1201 Hays Street					
	NEW Registered Office Address:					
			= 11			
	Tallahassee	L 32301				
I Calaa				da 14 la la anta a anti-	1 4b - 4 - 64 -	
the ch	limited liability company is not organized under the la nange or changes are made, the Florida street address o	f the regis	stered office ar	nd the business office	e of the regist	tered
agent was/v	will be identical. Or, in the case of a Florida limited livere authorized by an affirmative vote of the members	iability co	mpany, it is he ited liability o	ereby confirmed that	the change(s	i) in
the ar	ticles of organizated of the operating agreement of the	e limited l	iability compa	iny.	iso provided	•••
		Don		orized Person		
	dure 1 a member or authorized representative of a member			inted or typed name of si	0	
provis the ob to me	eby accept the appointment as registered agent and ag sions of all statutes relative to the proper and complete bligations of my position as registered agent as provide rely reflect a change in the registered office address, I ed in writing of this change	ree to act e performe ed for in C hereby co	in this capaci ance of my dut Chapter 605, F onfirm that the	ty. I further agree to ies, and I am familia S. Or, if this docum limited liability com	comply with r with and action is being f pany has bee	the ecept filed en
Signat	ture of Registered Agent Corporation Service Company	BY: C	irace E. Kirb	y, Assistant Vice Pr	resident	

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