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(Req	uestor's Name)	
(Address)		
(Address)		
(City)	/State/Zip/Phone	⇒ #)
PICK-UP	☐ WAIT	MAIL
(Business Entity Name)		
(Document Number)		
Certified Copies	Certificates	of Status
Special Instructions to Filing Officer:		
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SEGNETARY OF STATE
TALLAHASSEE, FLORIDA

CSC - WASHINGTON, DC Suite 430 1090 Vermont Avenue Washington Dc 20005 202-408-3121 202-408-3141 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Courtney Cullen

Date: February 3, 2014

Order#: 823818-004

Re: KEY PETROLEUM, LLC

Enclosed please find:

XX Change of Registered Agent and Office.
Check in the amount of \$.

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: Courtney Cullen 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.

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FLORIDA DEPARTMENT OF STATE Division of Corporations

January 27, 2014

ATTN: COUTNEY CULLEN C/O CORPORATION SERVICE COMPANY 2711 CENTERVILLE ROAD SUITE 400 WILMINGTON, DE 19808

SUBJECT: KEY PETROLEUM LLC Ref. Number: M13000002939

We have received your document for KEY PETROLEUM LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Effective January 1, 2014, all limited liability company forms must be submitted in accordance with the Revised Limited Liability Company Act, Chapter 605, Florida Statutes.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Agnes Lunt Regulatory Specialist II

Letter Number: 214A00001772

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

Pursuant to the provisions of sections 605.0114, 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. Name of the limited liability company: KEY PETROL	EUM LLC	
2. (a) Principal office address of limited liability company:	33018 TAMINA #201	
(Note: MUST BE STREET ADDRESS)	MAGNOLIA TX 77357	
-		
(b) Mailing address of limited liability company:		
(Note: MAY BE POST OFFICE BOX)		
-		
05/08/2013	м13000002939	
3. Date of filing/registration in Florida 4	. Document number	
5. (a) Registered Agent and Registered Office shown on th	e records of the Florida Dept. 👸 🕏 ate 🖫 🗼	
Registered Agent:	INCORP SERVICES, INCOR	
Registered Office Address:	17888 67TH CT NORTH	
-	LOXACHATCHEE FL 33470	
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW</u> <u>NEW Registered Agent</u> :	Registered Office address: CORPORATION SERVICE COMPANY	
	1201 HAYS STREET	
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	, and the state of	
medi bil i boldbirsinisti i boldbirsi	TALLAHASSEE ,FL 32301	
If the limited liability company is not organized under the la confirmed that after the change or changes are made, the Flo and the business office of the registered agent will be identically company, it is hereby confirmed that the change(s) the members of the limited liability company or as otherwise the operating agreement of the limited liability company. Signature of a member or authorized representative of a member	rida street address of the registered office cal. Or, in the case of a Florida limited	
NICK DUNBAR, Manager		
Printed or typed name of signee		
I hereby accept the appointment as registered agent and ag comply with the provisions of all statutes relative to the proj and I am familiar with and accept the obligations of my post Chapter 605, F.S. Or, if this document is being filed to mere address, I hereby confirm that the limited liability company	ree to act in this capacity. I further agree to per and complete performance of my duties, ition as registered agent as provided for in ely reflect a change in the registered office has been notified in writing of this change.	
Signature of Registered Agent APRIL HUDSON, ASST VP		

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