

MM00010923

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

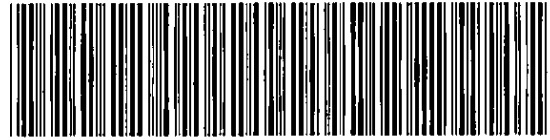
(Business Entity Name)

(Document Number)

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115 N CALHOUN ST., STE. 4
TALLAHASSEE, FL 32301
P: 866.625.0838
F: 866.625.0839
COGENCYGLOBAL.COM

Account#: 120000000088

Date: 12/18/2018

Name: Marisa Kugelmann

Reference #: 1004774

Entity Name: WILLY'S FUELS LLC

- Articles of Incorporation/Authorization to Transact Business
- Amendment
- Change of Agent
- Reinstatement
- Conversion
- Merger
- Dissolution/Withdrawal
- Fictitious Name
- Other _____

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FILED

Authorized Amount: \$25.00

Signature: *Marisa Kugelmann*



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Signature: *Marisa Kugelmann*

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: WILLY'S FUELS LLC

2. (a) Principal office address of limited liability company: 261 Ledyard St.
(Note: MUST BE STREET ADDRESS)

New London, CT 06320-5337

(b) Mailing address of limited liability company: 261 Ledyard St.
(Note: MAY BE POST OFFICE BOX)

New London, CT 06320-5337

December 26, 2017

M17000010923

3. Date of filing/registration in Florida

4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent: C T CORPORATION SYSTEM

Registered Office Address: 1200 SOUTH PINE ISLAND ROAD

PLANTATION, FL 33324

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Agent: COGENCY GLOBAL INC.

NEW Registered Office Address: 115 North Calhoun St., Suite 402
(MUST BE FLORIDA STREET ADDRESS)

Tallahassee, FL 32301

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

[Signature]
Signature of a member or authorized representative of a member

Timothy Tracy Member
Printed or typed name of signer

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

[Signature]
Signature of Registered Agent

Tim Mayville, Assistant Secretary
Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00