

| (Requestor's Name) | | | | | | | |
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| (Business Entity Name) | | | | | | | |
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| Certified Copies Certificates of Status | | | | | | | |
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| Special Instructions to Filing Officer: | | | | | | | |
| Special instructions to r ming Officer. | | | | | | | |
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2019 OCT -3 AM 10: 24 SECRETARY OF STATE TALLAND SSEEL FLERIDA

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CSC - WILMINGTON 251 Little Falls Drive Wilmington De 19808

800-927-9800 302-636-5454 FAX

TO: REGISTRATION SECTION DIVISION OF CORPORATIONS

- From: Ami Casper ami.casper@cscglobal.com
- Date: October 1, 2019

Order#: 915255-024

Re: FLORIDA CONVENIENCE STORES, LLC

Enclosed please find:

<u>XX</u> Change of Registered Agent and Office. <u>XX</u> Check in the amount of \$25___.

Please take the following action:

XXFile in your office on a routine basis.XXIssue Proof of Filing.XXPlease return evidence to the following:

Attn: Ami Casper c/o Corporation Service Company 251 Little Falls Drive 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 BC LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liabilit submits the following statement in order to change its registered office or registered agent, or both, in the Florida.

| ١. | Na | me of the limited liability company: | FLORIDA CONV | | CE STORES, | LLC |
|--|--|--|--|---|---|--|
| 2. | (a) | 8565 Magellan Parkway, Suite 400 Principal office address of limited lia (Note: MUST BE STREET A | | _ (b | Ma | iling address of limited liability co <u>Note: MAY BE POST OFFICE 1</u> |
| | | Richmond, VA 23227 | | | | |
| | | 02/20/2019 | | | M19000001 | 804 |
| 3. | | Date of filing/registration ir | Florida | 4. | D | ocument number |
| 5. | (a) | Capitol Corporate Services, Inc. | | | | |
| | | Registered Agent and Registered Office show | on the records of th | ne Florida | Dept. of State: | |
| | | 515 East Park Avenue, 2nd Floor | _ | | | |
| | | Registered Office Address (MUST BE F | LORIDA STREET A | DDRESS) | 2 | 10 |
| | | | | | | TALL TH |
| | | Tallahassee | , FL_ | 32301 | | |
| | | | | | | |
| (| (b) _ | Corporation Service Company | | | | |
| | | Enter name of <u>NEW Registered Agent</u> and/ | or <u>NEW Registered (</u> |)ffice add | <u>lress</u> : | E STA |
| | | | | | | 10 m |
| | | 1201 Hays Street <u>NEW</u> Registered Office Address: | | <u>-</u> | | . , |
| | | | | | | |
| | | | | <u> </u> | | |
| | | | | | | |
| | | Tallahassee | FL | 32301 | | |
| the ager was | char ht w /wei | mited liability company is not organi age or changes are made, the Florida ill be identical. Or, in the case of a F authorized by an affirmative vote of test of organization or the operating a | street address of t florida limited liab of the members of | he regist bility cor the limi mited li | tered office and mpany, it is he ted liability c ability compa | nd the business office of the re ereby confirmed that the chan ompany or as otherwise provi iny. |
| Si | gnaty | c of a member or authorized representative | of a member | <u> </u> | ilmi, Authorize | ed Person inted or typed name of signce |
| I he prov the o to m notij | ereb visič oblig erei fied | we cept the appointment as register ons of all statutes relative to the prop gations of my position as registered a wreflect a change in the registered of in writing of this change. | ed agent and agree er and complete p agent os provided office audress, I he | erforma for in Ci reby col | in this capaci nce of mv dut hapter 605, F nfirm that the | ty. I further agree to comply ies, and I am familiar with an S. Or, if this document is ber limited liability company has |
| gu | | of Registered Agent Corporation Serv | - | | • | r, Asst. Vice President |
| | | Division of Corpo | orations• P.O. Bo |)x 6327∙ | Tallahassee | e, FL 32314 |

FILING FEE: \$25.00