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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. Name of the limited liability company: VETJET FUELS LLC					
2. (a)		l1	o)		
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	13601 Preston Rd Ste 515W		13601 Pre	eston Rd Ste 515W	
	Dallas, TX 75240		Dallas, TX	(75240	
	09/14/2020		M20000008	3319	
3.	Date of filing/registration in Florida	_ 4.		Document number	
5. (a) (b)	Registered Agent and Registered Office shown on the records of REGISTERED AGENT SERVICES LLC Registered Office Address (MUST BE FLORIDA STREET) 7901 4TH ST N., STE 300 ST. PETERSBURG FI. Enter name of NEW Registered Agent and/or NEW Registered Corporation Service Company NEW Registered Office Address: 1201 Hays Street	the Florid	5)	2024 DEC 20 AH 8: 55 SECKETSISTERS TATE TALLAHASSEE FLOSION	
	Tallahassee . F1	32301			
change agent v was/we the arti /S/B Signa I herein the oblice to meronotified Signature.	imited liability company is not organized under the law or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited like authorized by an affirmative vote of the members of cles of organization or the operating agreement of the lake M. Sawyer ture of a member or authorized representative of a member by accept the appointment as registered agent and agriculture of all statutes relative to the proper and complete igations of my position as registered agent as providedly reflect a change in the registered office address. It is the proper and complete in the registered office address. It is the proper and complete in the registered office address. It is the proper and complete in the registered office address. It is the proper and complete in the registered of the proper and complete in the registered of the proper address. It is the proper and complete in the registered of the proper address. It is the proper and complete in the registered of the proper address. It is the proper and complete in the proper and c	registere ability confithe limited lim	ed office and ompany, it is nited liability iability com Blake I	I the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in pany. M. Sawyer, Authorized Person Printed or typed name of signee active I further caree to comply with the	

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 FILING FEE: \$25.00 CSC 852820