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Division of Corporations

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From:

Account Name

: CAPITOL CORPORATE SERVICES, INC.

Account Number : I20160000048 Phone

: (800)345-4647

Fax Number

: (800)432-3622

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

| では、Email | Address: | | | |
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| 065 | | | | |

LLC REGISTERED AGENT CHANGE OFFEN PETROLEUM, LLC

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K. SALY

JUL - 2 2024

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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

| submi Floric | its the following statement in order to change its regi | | | egistered agent, or both, in the State | ? of |
|-----------------------------|--|--------------------|---|--|----------|
| | OFFENELL | ROLE | UM, LLC | | |
| 1. IN | ame of the Limited Liability Company: | | | | |
| 2 (0) | 5100 EAST 78TH AVENUE | | 5100 F. | AST 78TH AVENUE | |
| Z. (B) | Principal office address of limited liability company: | | Mailing address of limited liability company: | | |
| | (Note: MUST BE STREET ADDRESS) | | | (Note: MAY BE POST OFFICE BOX) | |
| | | | | | |
| | | - | | | — |
| | COMMERCE CITY, CO 80022 | | COMMERCE CITY, CO 80022 | | |
| | | | | | |
| | 3/3/2021 | | M2100 | 0002455 | |
| 3. | Date of filing/registration in Florida | 4. | | Document number | _ |
| | - OPENOFEN INO | | | | |
| 5. (a |) SPENSERV. INC. Registered Agent and Registered Office shown on the records of the | he Floric | le Dent of Smt | - •· | |
| | | | | ь. | |
| | 201 NORTH FRANKLIN STREET, SUITE 2 | | | - - | |
| | Registered Office Address (MUST BE FLORIDA STREET A | <u>DDRES</u> | <u>S)</u> | 12/ 12A | |
| | | | | | |
| | TAMPA | 2260 | 10 | 至一 | • |
| | TAMPA , FL_ | 3360 |)2 | - | , |
| <i>~</i> \ | Canital Comercte Considers Inc. | | | TALLAHASSEL FLORID | |
| (b) | Capitol Corporate Services, Inc. Enter name of NEW Registered Agent and/or NEW Registered (| Office | dd men: | - 3 | |
| | Latter finance of the W. Registering extern make of the W. Registering | <u>VIIIV.</u> | 441755 | | • |
| | E15 Foot Bark Avenue 2nd El | | | | ري |
| | 515 East Park Avenue 2nd Fl NEW Registered Office Address: | | | - | |
| | Neglicite Office Address. | | | | |
| | | | | - | |
| | | | | | |
| | Tallahassee , FL_ | 3230 |)1 | _ | |
| If the | limited liability company is not organized under the law | ve of the | e State of Flo | orida it is hereby confirmed that after | |
| the ch | lange or changes are made, the Florida street address of t | the reg | istered office | e and the business office of the registe | ered |
| agent | will be identical. Or, in the case of a Florida limited lial vere authorized by an affirmative vote of the members of | bility c | ompany, it is | s hereby confirmed that the change(s) | |
| the ar | tiales of organization or the operating agreement of the i | limited | liability con | y company of as outerwise provided in a pany. | 11 |
| 1 | les Strainson | | | Alex Stephenson | |
| ههنگ | atternate prember or authorized representative of a member | _ | | Printed or typed name of signee | |
| I here | eby accept the appointment as registered agent and agre | ee to ac | et in this cap | acity. I further agree to comply with | the |
| the ob to mei notific | eby accept the appointment as registered agent and agre sions of all statutes relative to the proper and complete p ligations of my position as registered agent as provided rely reflect a change in the registered office address, I h ed in writing of this change. | for in vereby c | Chapter 605 confirm that | i, F.S. Or, if this document is being fi the limited liability company has been | led 1 |
| | Brian R | tadecl | ki, Assista | nt Secretary on | |
| Signat | | of Car | oital Carpo | orate Services, Inc. | |
| | Di-i-i60 | 633 | | F1 22214 | |

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 FILING FEE: \$25.00 (((H24000225592 3)))