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REGISTERED AGENT CHANGE

VISION FUEL HOLDINGS, INC.

Certificate of Status	0
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Blackronic Fling Vanua

9/1/2005

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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

	te provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, th hange is submitted for a corporation organized under the laws of the State of Florida	is	
	der to change its registered office or registered agent, or both, in the State of Florida.		
i. The name o	of the corporation: Vision Fuel Holdings, Inc.		
	al office address: 817 W. Peachtree St, NW, Ste 910, Atlanta, GA 30308		
3. The mailing	address (if different); (same)		
4. Date of inco	prporation/qualification: 03/02/2004 Document number: P04000039537		
	nd street address of the current registered agent and registered office on file with the artment of State:		_
	Ivan, Michael J. Jr.	2005	717
	Purcell, Flanagan & Hay / 1548 Lancaster Terrace	2005 SEP - 1	
	Jacksonville, FL 32204	1	•
6. The name at (if changed)	nd street address of the new registered agent (if changed) and /or registered office:	≩ 99	
	Ivan, Michael J., Jr., Esq.	26	
	One Independent Drive, Suite 3131		
	(P.O. Box NOT acceptable)		
	Jacksonville, FL 32202		
The street add as changed wi	ress of its registered office and the street address of the business office of its registere ll be identical.	d agent,	
Such change vauthorized by	vas authorized by resolution duly adopted by its board of directors or by an officer so the board, or the corporation has been notified in writing of the change.		
Keyl.	Kyle E. Phillipp, President (Printed or typed name and title)		
2 ' -	of the appointment as registered agent and agree to act in this capacity. It to comply with the provisions of all statutes relative to the proper and complete perform in an important and accept the obligation of my position as registered agent. Coing filed merely to reflect a change in the registered office address, I hereby confirm to been notified in writing of this change.	ormance Ir, if this that the	
	9-1-2005		
	ehalf of an entity:		
	(Typed or Printed Name)		

* * * FILING FEE: \$35.00 * * *

Make checks payable to florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

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