

P25745

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

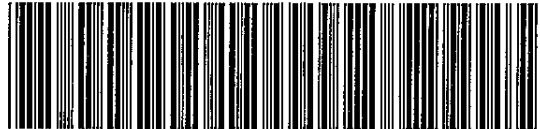
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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300053638973

05/05/05--01045--011 **35.00

FILED
05 MAY -5 PM 3:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
05 MAY -5 AM 11:24
CORPORATE DIVISION
TALLAHASSEE, FLORIDA

CT Corporation System 660 E. Jefferson St., Tallahassee, FL, 32301

850-222-1092

Valvoline Instant Oil Change Franchising, Inc.

P25745

<input type="checkbox"/> Profit	<input type="checkbox"/> Amendment	<input type="checkbox"/> Merger
<input type="checkbox"/> Nonprofit		
<input type="checkbox"/> Foreign	<input type="checkbox"/> Dissolution/Withdrawal	<input type="checkbox"/> Mark
	<input type="checkbox"/> Reinstatement	
<input type="checkbox"/> Limited Partnership	<input type="checkbox"/> Annual Report	<input type="checkbox"/> Other
<input type="checkbox"/> LLC	<input type="checkbox"/> Name Registration	<input checked="" type="checkbox"/> Change of RA
	<input type="checkbox"/> Fictitious Name	<input type="checkbox"/> UCC
<input type="checkbox"/> Certified Copy	<input type="checkbox"/> Photocopies	<input type="checkbox"/> CUS
<input type="checkbox"/> Call When Ready	<input type="checkbox"/> Call If Problem	<input type="checkbox"/> After 4:30
<input checked="" type="checkbox"/> Walk In	<input type="checkbox"/> Will Wait	<input checked="" type="checkbox"/> Pick Up
<input type="checkbox"/> Mail Out		

Name _____
Availability _____
Document _____
Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____

5/5/2005

AAM

Order#: Ashley

Ref#: _____

Amount: \$ _____

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

*Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes,
this statement of change is submitted for a corporation organized under the laws of the State of
Delaware in order to change its registered office or registered agent, or both, in the State
of Florida.*

1. The name of the corporation: Valvoline Instant Oil Change Franchising, Inc.
2. The principal office address: Attn: State Income Tax, P. O. Box 1400, Lexington, KY 40512
3. The mailing address (if different): Attn: State Income Tax, P. O. Box 1400, Lexington, KY 40512
4. Date of incorporation/qualification: 08/22/1989 Document number: P25745

5. The name and street address of the current registered agent and registered office on file with the
Florida Department of State:

C T Corporation System

660 East Jefferson Street

Tallahassee, FL 32301

6. The name and street address of the new registered agent (if changed) and /or registered office (if
changed):

The Corporation Company

Suite 101

(P.O. Box or personal mailbox NOT acceptable)

1203 Governors Square Blvd., Tallahassee, FL 32301- 2960

The street address of its registered office and the street address of the business office of its registered
agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so
authorized by the board, or the corporation has been notified in writing of the change.

Jami K. Suver
(Signature of an officer, chairman or vice chairman of the board)

Jami K. Suver, Asst. Secretary
(Printed or typed name and title)

*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 obligation of my position as
registered agent. Or, if this document is being filed merely to reflect a change in the registered
office address, I hereby confirm that the corporation has been notified in writing of this change.*

C T Corporation System

By: Connie Bryan

(Signature of Registered Agent)

May 2nd 2005
(Date)

If signing on behalf of an entity:

**CONNIE BRYAN
SPECIAL ASSISTANT SECRETARY**

(Typed or Printed Name)

(Capacity)

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE AND MAIL TO:
DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314