F5600003712

(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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2023 AFR 18 AM 2: 2



J ___}

CORPORATION SERVICE COMPANY

1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195					
REFERENCE : 682620 8410925					
REFERENCE: 6826207 8410925 AUTHORIZATION: SALE					
COST LIMIT : \$ 35.00					
ORDER DATE : April 18, 2023					
ORDER TIME : 10:23 AM					
ORDER NO. : 682620-003					
CUSTOMER NO: 8410925					
CHANGE OF AGENT					
NAME: BOSWELL OIL COMPANY					
FORCED DBA: BOSWELL OIL COMPANY, INC.					
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:					
CERTIFIED COPY XX PLAIN STAMPED COPY					
CONTACT PERSON: Eyliena Baker					

EXAMINER'S INITIALS:

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

statement of cha	provisions of sections 607.0502, 617.0 inge is submitted for a corporation org ir to change its registered office or reg.	anized under the laws	of the State of GA	·		
1. The name of t	the corporation: BOSWELL OIL COMP	PANY, INC.				
2. The principal	office address: 150 FLOYD DRIVE AT	THENS, GA 30607				
3. The mailing a	ddress (if different):		N.1.0-724.4 N			
4. Date of incoη	poration/qualification: 05/24/2006	Document nu	mbcr: F06000003	712		
	I street address of the current registered timent of State: (If resigned, enter resigned)		office on file with the	he		
	NRAI SERVICES, INC					
	1200 South Pine Island Road					
	Plantation, FL 33324					
6. The name and (if changed):	I street address of the new registered at Corporation Service Company	gent (if changed) and i	or registered office	2023 APR		
	1201 Hays Street					
		Box NOT acceptable		æ		
	Tallahassee	FL	32301	AH		
The street address changed will	ess of its registered office and the stre be identical.	et address of the busi	ness office of its re	ع gistered agent,		
Such change was authorized by the	as authorized by resolution duly adop ne board, or the corporation has been	ted by its board of din notified in writing of	ectors or by an offi the change.	cer so		
Sin	Jun _	Brian Smith, Auth				
I hereby accept I further agree of of my duties, an document is bei corporation has	the appointment as registered agent to comply with the provisions of all state of a land accept the one filed merely to reflect a change in Seen notified in writing of this change in Seevice Company	and agree to act in th atutes relative to the bligation of my positi the registered office	or typed name and tille is capacity, proper and comple on as registered ag address, I hereby ca	te performance ent. Or, if this onfirm that the		
By: L Laco	· Cokubi	04/17/2023				
Sig	nature of Registered Ageul		Date			
If signing on be	half of an entity:					
Grace E. Kirl	oy, Asst. Vice President					
T	yped 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 cr2E045 (04/13)