P09000011459

(Re	equestor's Name)	
- (Ad	dress)	
(Ad	ldress)	·
(Cit	ry/State/Zip/Phone	e#)
PICK-UP	☐ WAIT	MAIL .
(Bu	siness Entity Nan	ne)
(Document Number)		
Certified Copies	_ Certificates	of Status
Special Instructions to Filing Officer:		
`		

Office Use Only



400244624484

02/19/13--01006--017 **35.00

13 FEB 19 PH 1: 53

10 M8 10 119/13

COVER LETTER

TO: Amendment Section Division of Corporations		
SUBJECT: CLARK USA ENTERPRISES INC Name of Corporation		
DOCUMENT NUMBER: P0900011459		
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
CHERYL CLARK Name of Contact Person		
CLARK USA ENTERPRISES INC Firm/Company		
696 S TAMIAMI TRAIL		
OSPREY FL 34229 City/State and Zip Code		
E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
CHCRYL CLARK at (941) 929 4223 Name of Contact Person Area Code & Daytime Telephone Number		
Enclosed is a \$35.00 check made payable to the Department of State.		
XMoiling Addusers Street Addusers		

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

statement of change is submitted for a corporation organized under the laws of the State of FLORIDA in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: CLARK USA ENTERPRISE INC 2. The principal office address: 696 S TAMIAMI TRAIL
3. The mailing address (if different):
4. Date of incorporation/qualification: 2-4-2009 Document number: P090000 11459
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)
ANDREW CLARK
2069 S TAMIAMI TRAIL
UENICE FL 34293 召題
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
्र
696 S TAMIAMI TRAIL P.O. Box NOT acceptable
OSPREM FL 34229
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.
Signature of an officer or director Signature of an officer or director 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.
Signature of Registered Agent 2-14-13
Signature of Registered Agent Date
If signing on behalf of an entity:
ANDREW CLARK 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 CR2E045 (03/12)