

5/28/2020

Division of Corporations

**LI30015437**

Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
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From:

Account Name : HARPER MEYER 6  
Account Number : 120090000060  
Phone : (305)577-3443  
Fax Number : (305)577-9921

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

Email Address: ralbert@harpermeier.com

**LLC REGISTERED AGENT CHANGE  
NOPETRO-ST. JOHNS COUNTY, LLC**

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## COVER LETTER

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TO: Registration Section  
Division of Corporations

SUBJECT: NOPETRO-ST. JOHNS COUNTY, LLC  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

RONALD ALBERT, JR., ESQ.

Name of Person

HARPER MEYER, ET AL

Firm/Company

201 S. BISCAYNE BLVD., SUITE 800

Address

MIAMI, FLORIDA 33131

City/State and Zip Code

ralbert@harpermeyer.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ronald Albert, Jr., Esq. at ( 305 ) 577-3443  
Name of Person Area Code & Daytime Telephone Number

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

Enclosed is a check for the following amount:

☐ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

INHS18 (2/14)

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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 submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Name of the limited liability company: NOPETRO-ST. JOHNS COUNTY, LLC

2. (a) 14 N.E. 1<sup>st</sup> AVENUE, SUITE 1209 (b) 14 N.E. 1<sup>st</sup> AVENUE, SUITE 1209

Principal office address of limited liability company:

Mailing address of limited liability company:

(Note: MUST BE STREET ADDRESS)

(Note: MAY BE POST OFFICE BOX)

MIAMI, FLORIDA 33132

MIAMI, FLORIDA, 33132

October 15, 2013

L13000145457

3. Date of filing/registration in Florida

4. Document number

5. (a) JACK LOCKE

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

2625 Ponce De Leon Blvd., Suite 101

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

Coral Gables, FL 33134

(b)

Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Office Address:

14 N.E. 1<sup>st</sup> AVENUE, SUITE 1209

MIAMI, FL 33132

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Jonathan "Jack" Locke  
Signature of a member or authorized representative of a member

Jonathan "Jack" Locke  
Printed or typed name of signee

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 obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

\_\_\_\_\_  
Signature of Registered Agent

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314  
FILING FEE: \$25.00

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