## 830936

(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:			
(Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status	(Requestor's Name)		
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Office Use Only



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SECRETARY OF STATE
TAIL AHASSEF FLORIDA

APR 0 4 2012 T. ROBERTS



March 21, 2012

MS JANE STEELE HERNDON OIL CORPORATION 102 NORTH COURT SQUARE ABBEVILLE, AL 36310

SUBJECT: HERNDON OIL CORPORATION

Ref. Number: 830936

We have received your document for HERNDON OIL CORPORATION and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must have original signatures.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tina Roberts Regulatory Specialist II

Letter Number: 912A00009807



## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

SUBJECT:	HERNDON OIL CORPORATION			
	Name of Corporation			
DOCUMENT NUM	BER:830936			
The enclosed Stateme	ent of Change of Registered Office/Agent and fee are submitted for filing.			
Please return all corre	espondence concerning this matter to the following:			
	Ms. Jane Steele			
<del></del>	Name of Contact Person			
	Herndon Oil Corporation			
. –	Firm/Company			
102 North Court Square				
	Address			
	Abbeville, Alabama 36310			
	City/State and Zip Code			
ccsteelej@aol.com				
Ε	-mail address: (to be used for future annual report notification)			
For further information	on concerning this matter, please call:			
	Jane Steele at ( 334 ) 585-2216 of Contact Person Area Code & Daytime Telephone Number			
Name	of Contact Person Area Code & Daytime Telephone Number			
Enclosed is a \$35.00	check made payable to the Department of State.			

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

## HERNOON CORPORATE

@001/001

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

statement of cha	provisions of sections 607.0503, 617.0502, 607.1508, or 617.1 ange is submitted for a corporation organized under the laws o	The State of Alabama
in orde	er to change its registered office or registered agent, or hoth, in	the State of Florida.
1. The name of	the corporation: Hemdon Oil Corporation	
2. The principal	office address: 102 North Court Square	
Abbeville,	Alabama 36310	
3. The mailing a	address (if different): Post Office Box 655	
Abbeville	e, Alabama 36310	
4. Date of incom	poracion/qualification: 9-27-1973 Document num	ber: 830936
	d street address of the current registered agent and registered of utment of Suste: (If resigned, enter resigned)	flee on file with the
	J. Pate Weems	
	400 East Gregory Street	<u> </u>
	Pensacola, Florida 32501	
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or	registered office
	Michael Martin	SS W
	8981 Highway 87 South	Thomas and the second
	P.O Box, NOT acceptable Milton, Florida 32583	STA U
The arrest addre	ess of its regi <del>stated</del> office and the street address of the busine l be identical.	ss office of its registered agent,
Such change was authorized by th	as authorized by resolution duly adopted by its board of directive board, or the corporation has been notified in writing of the	nors or by an officer so e change.
Nignatur		rtin, President & COO
l hereby accept I further agree to of my duties, and accument is bein corporation has	the appointment as registered agent and agree to act in this to comply with the provisions of all statues relative to the provision of all statues relative to the provid I am familiar with and accept the chligation of my pusitioning filed merely to reflect a change in the registered office ad soen notified in writing of this change.	capacity, oper and complete performance i as registered agent. Or, if this dress, I hereby confirm that the
	La Class Was Ma	
(fsigning on be)	thalf of an entity:	Frant
Ţŷ	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 (8/05)