BOSOCCOO193

(Requestor's Name)								
(Addre	5S)							
(Addre	Ee)							
(Addie	33)							
(City/S	tate/Zip/Phone #)							
PICK-UP	WAIT MAIL							
/Rusin	ess Entity Name)							
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(Docur	nent Number)							
Certified Copies	Certificates of Status							
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Special Instructions to Fili	ng Officer:							
	Dffice Use Only							
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D SCOTT



FLORIDA DEPARTMENT OF STATE Division of Corporations

May 7, 2019

COGENCYGLOBAL

SUBJECT: TRANSMONTAIGNE OPERATING COMPANY L.P. Ref. Number: B05000000193

We have received your document for TRANSMONTAIGNE OPERATING COMPANY L.P. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

There is a balance due of \$10.00.

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) 245-6051.

Letter Number: 819A00009098

Dionne M Scott Regulatory Specialist II

www.sunbiz.org



115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: 120000000088

	1	, 100	0
Date:	05/07/2019		
Name:	Joy Weaver	 	
Reference	#:1072138		
Entity Nam	E: TRANSMONTAL	GNE OPERATING COM	PANY L.P.
☐ Artic	es of Incorporation/Author	orization to Transact Business	1
☐ Ame	l endment		
 Cha	nge of Agent		الجرا
Reir	statement		ij p
☐ Con	version		
☐ Mer	der Ger		
Diss	 		
☐ Ficti	l lious Name I		
Othe	 		
Authorized	Amount:\$3	5	
Signature:	fileavel		

F: 800.944.6607

F: •852.2682.9790

LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT, OR BOTH

Pursuant to the provisions of section 620.1115. Florida Statutes, the undersigned limited partnership or limited liability limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

l		NTAIGNE O ted Partnership or					
	Name of Limi	ted rarthership or	Emmed Plant	inty Lim	nea rarmei	smp	
2	May 4, 2005				B0500	0000193 ment numbe	
Date of	f filing/registratio	n in Florida		F	lorida docu	ment numbe	Γ
4. The name of Department of S		ent and the registe	red office add	ress as s	hown on the	e records of	the Florida
		CT Corpo	ration Syst	tem		_	D.3
		i	Name				. 3
		1200 South I	Pine Island	Road		_	<i>:</i> ":
		Λ	ddress				· -
			n, FL 333	124		_ '	<i>□</i>
		City, S	tate and Zip			 	
5. The name an	nd Florida street a	ddress of the new	registered age	nt and/o	r office:	-	(;) (5)
		COGENCY	GLOBAL	INC.			Ð
			Name			-	
		115 North Ca	lhoun St :	Suite 4	ļ		
		rida street address				=	
		Tallahasse	Э	FL	32301		
•		City, S	tate and Zip			-	
6. Such change	(s) is/are effective	when filed by the	: Florida Depa	artment (of State.		
/S/ Michael A	A. Hammell	TRANSMON	ITAIGNE OF	PERATI	NG GP L.I	C., Gener	al Partner
Signature of Ge	meral Partner	by Michael A		2		201, 001011	
l hereby accept comply with the	the appointment of all	is registered agen statutes relative to the obligations of	the proper a	nd comp	lete perforn		
/S/ Tim May	ville	Tim Mayville,	Assistant Se	cretary			
Signature of Re	gistered Agent						
1							
Filing F e e: Certifie d Co	py (optional):	\$35.00 \$52.50					