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2016 OCT -5 PM 1:49
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M. MILLIGAN
OCT 07 2016

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Valls Ship Agencies LP
Name of Limited Partnership or Limited Liability Limited Partnership

DOCUMENT NUMBER: B06 000000 358

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

Please return all correspondence concerning this matter to:

Jason Weeks
Contact Person

Valls Ship Agencies LP
Firm/Company

210 S. Carancahua St 600
Address

Corpus Christi, Tx 78401
City, State and Zip Code

jweeks@vallsgroup.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jason Weeks at (361) 883-3288
Name of Contact Person Area Code and Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Florida Department of State.

STREET ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

**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.

1. VALLS Ship Agencies LP
Name of Limited Partnership or Limited Liability Limited Partnership
2. 10-4-2006 3. B06000000358
Date of filing/registration in Florida Florida document number

4. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

CT Corporation System
Name
1200 South Pine Island Road
Address
Plantation, FL 33324
City, State and Zip

5. The name and Florida street address of the new registered agent and/or office:

Jerome Peirano
Name
205 S. Hoover Blvd. Suite 205
Florida street address (P.O. Box not acceptable)
Tampa FL 33609
City, State and Zip

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

2018 OCT -5 PM 1:49

6. Such change(s) is/are effective when filed by the Florida Department of State.

S - B. Woolf
Signature of General Partner

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.

J. Peirano
Signature of Registered Agent

Filing Fee: \$35.00
Certified Copy (optional): \$52.50