

F09 000 001 524

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

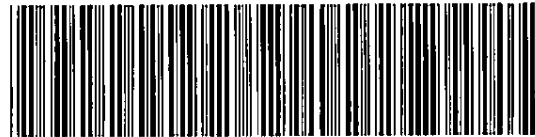
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



700441378607

24 DEC 26 PM 4:30  
FBI - NEW YORK

2024 DEC 26 AM 11:04  
FBI - NEW YORK



CSC - Tallahassee  
1201 Hays Street  
Tallahassee, FL 32301-2607  
850-558-1500, Ext: x61563

To: Department Of State, Division Of Corporations  
From: Shauna Godbolt  
Ext: x61563  
Date: 12/24/24  
Order #: 1743004-1  
Re: Pure Oil Jobbers Cooperative Inc.  
Processing Method: Routine

A handwritten signature in black ink, appearing to read "Shauna Godbolt", is written over the signature line.

TO WHOM IT MAY CONCERN:

Enclosed please find:

Amount to be deducted from our State Account: \$35.00 - FL State Account Number:  
120000000195

Please take the following action:

File in your office on basis  
Issue Proof of Filing

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: Pure Oil Jobbers Cooperative Inc.

Name of Corporation

DOCUMENT NUMBER: 582058396

The enclosed Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Frank Dotson Jr.

Name of Contact Person

Pure Oil Jobbers Cooperative Inc.

Firm/Company

117 Spratt St., Suite C

Address

Fort Mill, SC 29715

City/State and Zip Code

Office@besurewithpure.com

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

For further information concerning this matter, please call:

Frank Dotson Jr

Name of Contact Person

at ( 704 ) 508-9003 Ext. 101

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$35 Filing Fee

☐ \$43.75 Filing Fee &  
Certificate of Status

☐ \$43.75 Filing Fee &  
Certified Copy

☐ \$52.50 Filing Fee,  
Certificate of Status &  
Certified Copy

**Mailing Address:**

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

**Street Address:**

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

**PROFIT CORPORATION**  
**APPLICATION BY FOREIGN PROFIT CORPORATION TO FILE AMENDMENT TO APPLICATION FOR**  
**AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA**  
(Pursuant to s. 607.1504, F.S.)

**SECTION I**  
**(1-3 MUST BE COMPLETED)**

582058396

\_\_\_\_\_  
(Document number of corporation (if known))

1. Pure Oil Jobbers Cooperative Inc.  
(Name of corporation as it appears on the records of the Department of State)
2. North Carolina 3. 12/14/2012  
(Incorporated under laws of) (Date authorized to do business in Florida)

**SECTION II**  
**(4-7 COMPLETE ONLY THE APPLICABLE CHANGES)**

4. If the amendment changes the name of the corporation, when was the change effected under the laws of its jurisdiction of incorporation? \_\_\_\_\_
5. \_\_\_\_\_  
(Name of corporation after the amendment, adding suffix "corporation," "company," or "incorporated," or appropriate abbreviation, if not contained in new name of the corporation)

(If new name is unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

6. If the amendment changes the period of duration, indicate new period of duration.

\_\_\_\_\_  
(New duration)

7. If the amendment changes the jurisdiction of incorporation, indicate new jurisdiction.

\_\_\_\_\_  
(New jurisdiction)


8. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

9. If the amendment changes person, title or capacity in accordance with 607.1504 (4), indicate that change:

ALL BUSINESS IN FLORIDA  
24 DEC 26 PM 4:30

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
Director	Pat Flynn	P. O. Box 67	<input type="checkbox"/> Add
		McComb, MS 39649	<input checked="" type="checkbox"/> Remove
Director	Chris Almond	504 SE Williston Road	<input type="checkbox"/> Add
		Gainesville, FL 32641	<input checked="" type="checkbox"/> Remove
Director	Ginny Gordon	P. O. Box 229	<input type="checkbox"/> Add
		Blakely, GA 39823	<input checked="" type="checkbox"/> Remove
Director	Virginia Lee Grist	P. O. Box 229	<input checked="" type="checkbox"/> Add
		Blakely, GA 39823	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

10. Attached is a certificate or document of similar import, evidencing the amendment, authenticated not more than 90 days prior to delivery of the application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the laws of which it is incorporated.

  
 (Signature of a director, president or other officer - if in the hands of  
 a receiver or other court appointed fiduciary, by that fiduciary)

Virginia Lee Grist

(Typed or printed name of person signing)

President

(Title of person signing)

FILING FEE \$35.00

AMEND-21852