

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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	Doing so will generate another cover sheet.		
To:		SECRET TALLA	
	Division of Corporations	43 1	
	Fax Number : (850)617-6380	- SR #	
From:		OF ST	
	Account Name : REGISTERED AGENTS INC.		
	Account Number : I20090000081	그렇 ::	
	Phone : (307)200-2803		
	Fax Number : (855)330-1010	in a	

annual report mailings. Enter only one email address please.\*\*

Email	Address:		
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## REGISTERED AGENT CHANGE MERLIN PETROLEUM COMPANY, INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

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Corporate Filing Menu

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JAN 15 2020

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

statement of cha	ange is submitted for a corporati	617.0502, 607.1508, or 617.1508, Florida Statutes, the on organized under the laws of the State of OF INDICATE OF Florida.	îs 
1. The name of	the corporation: Merlin Petroleur	n Company, Inc	
	l office address: 311 Post Road E		
3. The mailing	address (if different):		
4. Date of incor	poration/qualification: 04/22/10	Document number: F10000001921	
	d street address of the current reg rtment of State: (If resigned, ente	gistered agent and registered office on file with the er resigned)	
	TROPIC OIL COMPANY		
	10002 NW 89TH AVE		
	MIAMI, FL 33178		
6. The name an (if changed):		ered agent (if changed) and /or registered office	2020 JAN 14
	Registered Agents Inc	AA AA	A
	7901 4th St N STE 300	ASSI ASSI	- I
	St. Petersburg FL 337	0. Box NOT acceptable Pri 60	
The street addr	ess of its registered office and the	he street address of the business office of its registered	6
Such change w	as authorized by resolution duly	adopted by its board of directors or by an officer so been notified in writing of the change.	
<u> adra</u>	ian Little	Adrian Little, Secretary	
I further agrée performance of	to comply with the provisions of my duties, and I am familiar wi	agent and agree to act in this capacity.  If all statutes relative to the proper and complete  ith and accept the obligation of my position as registe  ly to reflect a change in the registered office address,  iotified in writing of this change.	red I
Bee Ha		1/14/2020	
Sig	mature of Registered Agent	Date	<del></del>
	chalf of an entity:		
Bill Havre	yped or Printed Name	_	
,	yped or a miled realise		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

\* \* \* FILING FEE: \$35.00 \* \* \*