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## **COVER LETTER**

TO: Amendment Section Division of Corporations

SUBJECT: Liquid Cargo, Inc.

Name of Corporation

DOCUMENT NUMBER: F12000000485

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for Hing.

Please return all correspondence concerning this matter to the following:

Jean Jackson

Name of Contact Person

Liquid Cargo, Inc.

Firm/Company

P.O. Box 11857

Address

West Palm Beach, FL 33419

City/State and Zip Code

J. Jackson@liquidcargo. com

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

For further information concerning this matter, please call:

Jean Jackson

at ( 5

420-8640 ext 207

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

CR2E045 (03/12)



## FLORIDA DEPARTMENT OF STATE Division of Corporations

October 15, 2015

JEAN JACKSON P.O. BOX 11857 WEST PALM BEACH, FL 33419

SUBJECT: LIQUID CARGO, INC. Ref. Number: F12000000485

We have received your document for LIQUID CARGO, INC. 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 Florida Statutes require an entity to designate a street address for its principal office address. A post office box is not acceptable for the principal office address. The entity may, however, designate a separate mailing address. The mailing address may be a post office box.

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.

Letter Number: 515A00021916

Carol Mustain Regulatory Specialist II

www.sunbiz.org

District of Company in a D.O. DOV 6997 Wellahamaa Florida 9991

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

statement of ch	provisions of sections 607.0502, 617.0 unge is submitted for a corporation or ar to change its registered office or reg	ganized under i	the laws of the State of	New Jersey	
1. The name of	the corporation: Liquid Cargo, In	ıc.			
2. The principal	office address: <del>P.O. Box 11857</del> m Beach, FL <del>33419</del> <i>3</i> 341	7751	MILITARY	TRAIL,	Surg
3. The mailing a	address (if different):	49			
4. Date of incor	poration/qualification: 2/25/80	Docu	ment number: F120	00000485	
5. The name and	d street address of the current registere rtment of State: (If resigned, enter resi		gistered office on file v	vith the	
	C T Corporation System				100 120 120 120
	1200 South Pine Island Ro	ad			3 .1
	Plantation, FL 33324				
6. The name and (if changed):	d street address of the new registered a	igent (if change	ed) and /or registered o	office	記 in = = = = = = = = = = = = = = = = = =
	Kevin M. Jackson			_ , ,	<b>.</b>
	7751 Military Trail, Suite 1				
	West Palm Beach, FL 334	NOT acceptable			
	ess of its registered office and the stre be identical.	eet address of t			agent,
authorized by	as anthorized by resolution duly adop be board, or the corporation has been	ted by its boar notified in wri	d of directors or by ar ting of the change.	officer so	
Signati	are brain officer or director	Kevin N	1. Jackson, Pres		
I hereby accept I further agree performance of agent. Or, if the hereby configh	the appointment as registered agent to comply with the provisions of all s, my duties, and I am familiar with an is document is being filed merely to r that the corporation has been notifie	and agree to a latutes relative d accept the ob eflect a chang d in writing of	et in this capacity, to the proper and co- digation of my position in the registered offi this change.	mplete m as registere ice address, I	rd
1/1/		10/12/1	5		
[ ]	hattire of Registered Agent		Date		_ <del>_</del>
Kevin M. Ja	·				
	Apod or Printed Name				