Division of Corporations
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(((H20000160418 3)))



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To:

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From:

Account Name : HARPER MEYER 6
Account Number : 120090000000
Phone : (305)577-3443
Fax Number : (305)577-9921

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ralbert@harpermeyer.com

20 MAY 29 AM 8: 1

LLC REGISTERED AGENT CHANGE NOPETRO-LFG LLC

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COVER LETTER

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TO: Registration Section Division of Corporations	
SUBJECT:NO	OPETRO-LFG LLC Name of Limited Liability Company
Dear Sir or Madam:	······································
	1000 00 15 (2) 15 (5)
The enclosed Registered Agent/Register	red Office Change and fee(s) are submitted for filing.
Please return all correspondence concern	ning this matter to the following:
RONALD ALBERT, JR., ESQ.	
Name of Person	1
HARPER MEYER, ET AL	
Firm/Company	
201 S. BISCAYNE BLVD., SUITE	800
Address	
MIAMI, PLORIDA 33131	
City/State and Zip	Code
ralbert@harpermeyer.com	
E-mail address: (to be used for fut	ure annual report notification)
For further information concerning this	matter, please call:
Ronald Albert, Jr., Esq.	at(<u>305</u>) <u>577-3443</u>
Name of Person	Area Code & Daytime Telephone Number
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enclosed is a check for the fol	llowing amount:
□ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy
INHS18 (2/14)	

H20000160418 3

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

l.	Nau	me of the limited liability company:N	<u>OPETRO-LF</u>	G LLC
2.	(a)	14 N.E. 1st AVENUE, SUITE 1209 Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) MIAMI, FLORIDA 33132	(b)	14 N.E. 1st AVENUE, SUITE 1209 Mailing address of limited liability company: (Note: MAY RE POST OFFICE BOX) MIAMI, FLORIDA 33132
3. 5.	(a)	October 24, 2014 Date of filing/registration in Florida JACK LOCKE	4.	
. ((-)	Registered Agent and Registered Office shown on the records of 2625 Ponce De Leon Blvd., Suite 101 Registered Office Address (MUST BE FLORIDA STREE)	L of State:	
	(b)	Coral Gables , I	FL _33134	
		Enter name of NEW Registered Agent and/or NEW Registered NEW Registered Office Address: 14 N.E. 1 st AVENUE, SUITE 1209	ed Office address	
		MIAMI	FL <u>33132</u>	
ag	ange ent v is/we	imited liability company is not organized under the lor changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limite authorized by an affirmative vote of the membeoles of organization or the operating agreement of the	the registered and liability con rs of the limite	npany, it is hereby confirmed that the change(s) and liability company or as otherwise provided in
	(Jonathan "Jack" Locke		Jonathan "Jack" Locke
I in the to	herei ovisi obli mere	ofe of a member or authorized representative of a member by accept the appointment as registered agent and a ons of all statutes relative to the proper and comple igations of my position as registered agent as provi- ely reflect a change in the registered office address in writing of this change.	ngree to act in the performance ded for in Cha is, I hereby con	Printed or typed name of signee this capacity. I further agree to comply with the tof my dutles, and I am familiar with and accept tier 605, F.S. Or, if this document is being filed firm that the limited liability company has been
Şi	gnatu	re of Registered Agent	D (22.7	2-U-L El 2014

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 FILING FEE: \$25.00