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## Florida Department of State Division of Corporations Division of Corporations Division of Corporations Division of Corporations

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.

(((H22000329473 3)))



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**Note:** DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : NASON, YEAGER, GERSON, WHITE & LIOCE, P.A.

Account Number : 073222003555 Phone : (561)686-3307 Fax Number : (561)290-1590

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: bchavers@palmdaleoil.com

## LLC REGISTERED AGENT CHANGE TANKER OIL OF WPB, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

2022 SEL 25

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FAN: H22000329473 3

CO	COVER LETTER					
TO: Registration Section Division of Corporations	•					
TANKER OIL OF WPB, LLC SUBJECT:						
	mited Liability Company					
Dear Sir or Madam:						
The enclosed Registered Agent/Registered Office Char	nge and fee(s) are submitted for filing.					
Please return all correspondence concerning this matter	r to the following:					
Jeffrey M. Garber, Esq.						
Name of Person						
Nason Yeager Gerson Harris & Fumero, P.A.						
Firm/Company						
3001 PGA Blvd., Suite 305						
Address						
Palm Beach Gardens, FL 33410						
City/State and Zip Code	<del></del>					
bchavers@palmdaleoil.com						
E-mail address: (to be used for future annual repo	ort notification)					
For further information concerning this matter, please of	call:					
Susie Daversa 5	627-4839					
Name of Person	Area Code & Daytime Telephone Number					
Mailing Address:	Street Address:					
Registration Section	Registration Section					
Division of Corporations	Division of Corporations					
P.O. Box 6327	The Centre of Tallahassee					
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303					
Enclosed is a check for the following amoun	t:					
□ \$25 Filing Fee	S55 Filing Fee & Certified Copy					
INHS18 (2/14)						

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FROM: 5616272236

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## 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.

1. Na	ame of the limited liability company:	of wpb, i	LC	
2 (a)		()	<b>1</b> )	
2. (11)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(,	<i>'</i> )	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	911 North Second Street			
	Fort Pierce, FL 34950			
	10/13/2016		L16000189	743
3.	Date of filing/registration in Florida	4.		Document number
5 (a)				
J. (11)	Registered Agent and Registered Office shown on the records of	of the Florid	a Dept. of Stat	te:
	Jeffrey M. Garber, Esq.			
	Registered Office Address (MUST BE FLORIDA STREE	T ADDRES.	<u>s)</u>	<del>-</del>
	515 North Flagler Drive 20th Floor			
	West Palm Beach	33401		_
	West Palm Beach , I	FL		_
41				
(b)	Enter name of NEW Registered Agent and/or NEW Register	ed Office ac	Idress:	_
	NEW Registered Office Address:			_
	3001 PGA Blvd., Suite 305			
				_
	Palm Beach Gardens, FL 33410	FL		_
change agent was/w	limited liability company is not organized under the le or changes are made, the Florida street address of the will be identical. Of, in the case of a Florida limited were authorized by an affirmative vote of the members ticles of organization or the operating agreement of the	laws of the he register liability co s of the lin	e State of Fl red office ar ompany, it i nited liabili	orida, it is hereby confirmed that after the not the business office of the registered is hereby confirmed that the change(s) ty company or as otherwise provided in
		Jef	frey M. Garb	er, Esq.
Sign	andre of a member or authorized representative of a member			Printed or typed name of signee
I here provis the ob to mer notifie	ply accept the appointment as registered agent and a sions of all statutes relative to the proper and complet digations of my position as registered agent as provid- rely reflect a charge in the registered office address, and in writing of this change.	gree to ac le perform ted for in I hereby c	t in this cap ance of my Chapter 60. confirm that	pacity. I further agree to comply with the duties, and I am familiar with and accept 5, F.S. Or, if this document is being filed the limited liability company has been
Signat	nre of Registered Agent			
- 6		N Dage C22	ma man a	ES 22214
•	Division of Corporations • P.O FILING	FEE: \$2		15500, PI, 32314

INHS18 (2/14)