

L200000 16157

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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FEB 27 2007  
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COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: COMPRESSED GAS PARTNERS LLC  
Name of Limited Liability Company

20 FEB -3 PM 2:18

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

LOUISE M ASHTON  
Name of Person

\_\_\_\_\_  
Firm/Company

3966 ACOMA DRIVE  
Address

ORMOND BEACH FL 32174  
City/State and Zip Code

louisemashton@yahoo.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LOUISE M ASHTON at ( 816 ) 835 8119  
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 following amount:

☐ \$25 Filing Fee

☒ \$55 Filing Fee & Certified Copy

**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. Name of the limited liability company: COMPRESSED GAS PARTNERS, LLC
2. (a) 1295 N. US Highway 1, Unit 2 (b) 1295 N. US Highway 1, Unit 2  
Principal office address of limited liability company: Mailing address of limited liability company:  
(Note: **MUST BE STREET ADDRESS**) (Note: **MAY BE POST OFFICE BOX**)

ORMOND BEACH  
FL 32174

ORMOND BEACH  
FL 32174

3. JAN. 21 2020 Date of filing/registration in Florida 4. L200000016157 Document number

5. (a) United States Corporation Agents, Inc.  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

5575 S. SEMORAN BLVD.  
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  
Suite 36.  
Orlando, FL 32822

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- (b) LOUISE M ASHTON  
Enter name of NEW Registered Agent and/or NEW Registered Office address:

3966 ACOMA DRIVE  
NEW Registered Office Address:  
ORMOND BEACH  
FL 32174

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

[Signature]  
Signature of a member or authorized representative of a member

W. R. ASHTON  
Printed or typed name of signee

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

[Signature]  
Signature of Registered Agent