

M/5000001931

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2018 FEB 13 PM 2:36

FEB 14 2018
J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Oilmatic Systems, LLC

Name of Limited Liability Company

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:

Michael Allora, Jr.

Name of Person

Oilmatic Systems, LLC

Firm/Company

155 Smith St. Suite 5

Address

Keasbey, NJ 08832

City/State and Zip Code

JRAllora@oilmatic.com

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

For further information concerning this matter, please call:

Michael Allora, Jr.

Name of Person

at (732) 324 9890 xt.102

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☐ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

Rec
2/1/18



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 24, 2018

MICHAEL ALLORA, JR
155 SMITH ST, SUITE 5
KEASBEY, NJ 08832

SUBJECT: OILMATIC SYSTEMS, LLC
Ref. Number: M15000001931

2018 FEB 13 PM 3:06
FEB 13 2018

We have received your document for OILMATIC SYSTEMS, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Corporation, but your entity is a LLC. Please complete and return the enclosed blank form(s).

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) 245-6051.

Jenna D Harris
Regulatory Specialist II

Letter Number: 718A00001578

RECEIVED
FEB 13 2018

**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: Oilmatic Systems, LLC

2. (a) _____ Principal office address of limited liability company: <u>(Note: MUST BE STREET ADDRESS)</u> <u>155 Smith St, Suite 5</u> <u>Keasbey, NJ 08832</u>	(b) _____ Mailing address of limited liability company: <u>(Note: MAY BE POST OFFICE BOX)</u> <u>POB 185</u> <u>Keasbey, NJ 08832</u>
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3/2/2015

M15000001931

3. _____ Date of filing/registration in Florida	4. _____ Document number
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5. (a) Deana Allora

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

1969 Se 36th St

Cape Coral, FL 33904

(b) Registered Agents Inc

Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Office Address:

3030 N. Rocky Point Dr. STE 150A

Tampa, FL 33607

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 of a member or authorized representative of a member

Michael Allora, Jr.

Printed or typed name of signer

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 of Registered Agent

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