Florida Department of State

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENT SOLUTIONS INC

Account Number : I20100000062 Phone : (888)705-7274 Fax Number : (888)706-7274

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

Email	Address:	

LLC REGISTERED AGENT CHANGE BALTIMORE TANK LINES, LLC

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COVER LETTER

	gistration Section vision of Corporations				
SUBJECT	Baltimore Tank Lines, LLC				
Name of Limited Liability Company					
Dear Sir or	Madam:				
The enclose	ed Registered Agent/Registered (Office Change and	d fee(s) are submitted for filing.		
Please retu	rn all correspondence concerning	this matter to the	e following:		
Lori Whale	n				
	Name of Person				
Registered A	Agent Solutions, Inc.				
	Firm/Company				
Corporate C	Center One, 5301 Southwest Pkwy, S	te 400			
	Address				
Austin, TX	78735				
	City/State and Zip Code				
E-mai	il address: (to be used for future a	innual report noti	fication)		
For further	information concerning this matt	er, please call:			
Lori Whale	n	888 at (705-7274		
	Name of Person		Area Code & Daytime Telephone Number		
Rep Div P.C	gistration Section vision of Corporations D. Box 6327 Ilahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		
En	closed is a check for the followi	ng amount:			
Q 9	\$25 Filing Fee	0 9	555 Filing Fee & Certified Copy		
INHS18 (2/1	4)				

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. N	ame of the limited liability company: Baltimore Tank	Lines	, LLC	; 				
2. (a)	180 8TH AVENUE NW		(b) 180 8TH AVENUE NW					
2 . (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(0)		Mailing address of (Note: MAY B)			_
	GLEN BURNIE, MD 21061	<u> </u>		GLEN BU	PRNIE, MD 210	061		
	6/14/2023		N	123000007	7745			
3.	Date of filing/registration in Florida	4.	_		Document nur	nber		
5. (a)	TRAC - THE REGISTERED AGENT COMPANY							
5. (a)	Registered Agent and Registered Office shown on the records of	the Flo	rida I	Pept, of State	:			
	Registered Office Address (MUST BE FLORIDA STREET 236 E. 6TH AVENUE	ADDR	ESS)					
	TALLAHASSEE , FI	3230)3				20	
(b)	Registered Agent Solutions, Inc. Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u> 2894 Remington Green Ln.	Office	eddr	<u>ess</u> :		.:	2023 DEC -6 PH	
	NEW Registered Office Address:						2:	
	Ste. A		- 				55	
	Tallahassee FL	3230	8					
change agent v was/we the art	imited liability company is not organized under the law or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited his ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the Jaclyn Wright	regist ability of the limite	ered com limite d lia	office and pany, it is ed liability	the business of hereby confirmation or a company or a pany.	office of the med that the	e registere e change(e provide	ed (s) d in
/s/ Signa	ture of a member or authorized representative of a member	_			Printed or typed			·
I here provisi the obi to mer	by accept the appointment as registered agent and agrions of all statutes relative to the proper and complete ligations of my position as registered agent as provided ly reflect a change in the registered office address, 1 if in writing of this change.	perfor	man	this capac ce of my di	city. I further	agree to co	omply wit	iccent
	Mackenzie Hibler, Asst. Secre	tary						