Division of Corporations

Florida Department of State

Division of Corporations Public Access System Katherine Harris, Secretary of State

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To;

Division of Corporations

Fax Number

: (850)922-4000

FLORIDA PROGRESS CORPORATION Account Name

Account Number : Phone

072720000173 (727) 824-6515

Fax Number

(727) 824-6537

PATICATULATOR OF STRUMENTONS ON DEC 20 REPORTED OF CORPORATIONS

REGISTERED AGENT CHANGE

CEREDO LIQUID TERMINAL, INC.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, the undersigned corporation organized under the laws of the State of Florida submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.		
1. The name of the corporation: Ceredo Liquid Terminal, Inc.		
2. The mailing address of the corporation: One Progress Plaza-Suitel5A St. Petersburg, FL 33701		
3. Date of incorporation/qualification: 3/24/2000 Document number: P00000030177		
4. The name and address of the current registered agent and office:		
Pauline M. Fry		
One Progress Plaza - Suite 15B		
St. Petersburg, FL 33701		
5. The name and address of the new registered agent (if changed) and/or registered office (if changed):		
(P. O. Box Not Acceptable)		
Suzanne C. Goodwin		
One Progress Plaza - Suite 15B		
St. Petersburg, FL 33701		
The street address of its registered office and the street address of the business office of is registered agent, as changed, will be identical.		
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board.		
alfred A- Verardi 12-18-00		
(Signature of an officer, chairman or vice chairman of the board) (Date)		
Alfred A. Verardi, President		
(Printed or typed name and title) Having been named as registered agent and to accept service of process for the above stated corporation, 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 obligation of my position as	-	
(Signature of Registered Agent) (Date) 2000		
if signing on behalf of an entiry:		
(Typed or Printed Name) (Capacity)	: :-::	
* * * FILING FEE; \$35.00 * * *		
FILING FEE; \$35.00 * * * R2E045(9/00)	_	
DIVISION OF CORPORATIONS P.O. BOX 6327 TATI AMASSEE DI 2021 4	-	

P.O. Box 6327

TALLAHASSEE, FL 32314