Division of Corporations Public Access System

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Division of Corporations

Fax Number : (850) 617~6380

Account Name : CLARK, PARTINGTON, HART AND HART

Account Number : 071201002016 Phone

(850) 434-9200

Fax Number

: (850) 432-7340

REGISTERED AGENT CHANGE

EXPRESS OIL OF PENSACOLA, INC.

Certificate of Status	0
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Corporate Filing Menu

Help

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

Pursuant to the provision	s of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this
	bmitted for a corporation organized under the laws of the State of Florida
in order to chan	ge its registered office or registered agent, or both, in the State of Florida.
1. The name of the corpo	ration: EXPRESS OIL OF PENSACOLA, INC.
2. The principal office ad	dress: 6200 North 9th Avenue, Pensacola, FL 32504
3. The mailing address (i	different):
4. Date of incorporation/	puzlification: 05/09/00 Document number: P0000046156
5. The name and street a	idress of the current registered agent and registered office on file with the
Florida Department of	State: (If resigned, enter resigned)
<u>Scott</u> ∣	M. Covell
34990	Emerald Coast Parkway, Suite 301
Destin	FL 32541
6. The name and street a	dress of the new registered agent (if changed) and /or registered office ::
(if changed):	
Carol	n R. Ward
125 W	Romana Street, Suite 800 PR 28
	(P.O. Box. NOT acceptable)
Pensa	cola, FL 32502
The street address of its as changed will be iden	registered office and the street address of the business office of its registered agent, ical.
Such change was authorized by the board	tzed by resolution duly adopted by its board of directors or by an officer so or the corporation has been notified in writing of the change.
Will	William H. Ross, Director (Krended or typed hazarame site)
(Signature of an of	
I hereby accept the app  I further agree to comp  of my duties and I am t	intment as registered agent and agree to act in this capacity.  y with the provisions of all statutes relative to the proper and complete performance amiliar with and accept the obligation of my position as registered agent. Or, if this
document is being filed corporation has been n	merely to reflect a change in the registered office address. I hereby confirm that the diffied in writing of this change.
Painter 1	10/2/18
(Signature of	Registered Agent) (Date)
If signing on behalf of	n entity:
(Typed or P	fitted Name)
	* * * FILING FEE: \$35.00 * * *
	Make Checks payable to Florida Department of State Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

CR2E045 (8/05)