

9/26/2019

Division of Corporations

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
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From:

Account Name : C T CORPORATION SYSTEM  
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Phone : (614)280-3338  
Fax Number : (954)208-0845

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

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REGISTERED AGENT CHANGE  
LIQUID TRANSFER, INC.

Certificate of Status	0
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October 3, 2019

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

LIQUID TRANSFER, INC.  
1921 WOODMERE DRIVE  
JACKSONVILLE, FL 32210

SUBJECT: LIQUID TRANSFER, INC.  
REF: P01000047804

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

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) 245-6050.

Tracy L Lemieux  
Regulatory Specialist II

FAX Aud. #: E19000288862  
Letter Number: 119A00020374

2019 OCT 11 PM 4:35

**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 617.1208, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of FLORIDA in order to change its registered office or registered agent, or both, in the State of Florida

1. The name of the corporation: LIQUID TRANSFER, INC
2. The principal office address: 1921 WOODMERE DRIVE, JACKSONVILLE  
FL 32210
3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 05/11/2001 Document number: P01000047804

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

CT CORPORATION SYSTEM

1200 SOUTH PINE ISLAND ROAD

PLANTATION, FL 33324

6. The name and street address of the new registered agent (if changed) and for registered office (if changed):

David McKenzie

1921 WOODMERE DRIVE  
P.O. Box NOT acceptable  
JACKSONVILLE, FL, 32210

The street address of its registered office and the street address of the business office of its 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, of the corporation has been notified in writing of the change.

[Signature]  
Signature of an officer or director

DAVID MCKENZIE, VP  
Printed (or typed) name and title

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 registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

By: [Signature]  
Signature of Registered Agent

9/26/19  
Date

If signing on behalf of an entity:

DAVID MCKENZIE / LIQUID TRANSFER, INC.

Typed or Printed Name

\*\*\* FILING FEE: \$35.00 \*\*\*

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

CR2E045 (03-12)

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