

P04000046456

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

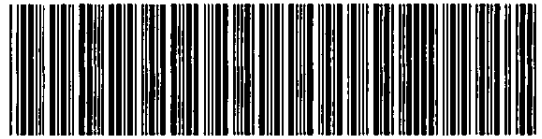
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Change

12/07/09--01020--021 **35.00

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2009 DEC -7 PM 3:27
SECRETARY OF STATE
TALLAHASSEE FLORIDA

ADR
12/10/09

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: FLORIDA LIFT GAS
Name of Corporation

DOCUMENT NUMBER: P04000046456

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

KENDALL L. RHINE
Name of Contact Person

FLORIDA LIFT GAS, INC.
Firm/Company

6240 STATE RT. 127 NORTH
Address

ALTO PASS, ILLINOIS 62905
City/State and Zip Code

krhine4751@aol.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

KENDALL L. RHINE at (618) 201-0037
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

1. The name of the corporation: FLORIDA LIFT GAS, INC.
2. The principal office address: 7105-A EAST 6TH AVENUE, TAMPA, FLORIDA 33619
3. The mailing address (if different): 6240 STATE RT. 127 NORTH, ALTO PASS, ILLINOIS 62905
4. Date of incorporation/qualification: 03/12/2004 Document number: P04000046456
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)

RESIGNED

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

JON FAST

10654 GRAND RIVIERA DRIVE

P.O. Box NOT acceptable

TAMPA, FLORIDA 33647

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, or the corporation has been notified in writing of the change.

Kendall L. Rhine
Signature of an officer or director

KENDALL L. RHINE - PRESIDENT
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.

Jon Fast
Signature of Registered Agent

11-30-2009
Date

If signing on behalf of an entity:

FLORIDA LIFT GAS, 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 (8/05)

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TALLAHASSEE FLORIDA