7070000022347

(F	Requestor's Name)			
(<i>F</i>	address)			
(F	Address)			
(0	City/State/Zip/Phone #)			
PICK-UP	WAIT MAIL			
(E	Business Entity Name)			
(Document Number)				
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RO change

10/25/21--01030--026 **35.00



A. RAMSEY

COVER LETTER

TO:	Amendment Section
	 Division of Corporations

SUBJECT: OCALA PETROLEUM INC. Name of Corporation	
DOCUMENT NUMBER: P07000022347	
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:
ANSAR QURAAN	
Name of Contact Person	
OCALA PETROLEUM INC.	
Firm/Company	
1308 EAST ATLANTIC BLVD	
Address	
POMPANO BEACH, FL 33060	
City/State and Zip Code	
ANSAR@POWERPETROING	C.COM
E-mail address: (to be used for future annual	report notification)
For further information concerning this matter, pl	lease call:
ANSAR QURAAN	at (561) 288-1710 Area Code & Daytime Telephone Number
Name of Contact Person	

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

Street Address: Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

CR2E045 (04/13)

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

statement of cha	nge is submitted for a corporation	617.0502, 607.1508, or 617.1508, Florida Statutes, this on organized under the laws of the State of FLORIDA or registered agent, or both, in the State of Florida.	
	he corporation: OCALA PETROL		
2. The principal	office address: 1308 EAST ATLAN	NTIC BLVD, POMPANO BEACH, FL 33060	
3. The mailing a	ddress (if different):		
4. Date of incorp	oration/qualification:	Document number: P07000022347	
	street address of the current regis tment of State: (If resigned, enter	istered agent and registered office on file with the resigned)	
	SHEHADEH GIANNAMORE PL		
	396 ALHAMBRA CIR STE 100A	SE S	
	CORAL GABLES, FL 33134	DCT 2	二 二
6. The name and (if changed):	street address of the new registered agent (if changed) and /or registered office.		
	SHEHADEH GIANNAMORE, PL	로 사고	
	620 S. LE JEUNE ROAD		
	CORAL GABLES, FL 33134	P.O. Box NOT acceptable	
The street addre as changed will	ss of its registered office and the be identical.	te street address of the business office of its registered ag	ent,
		adopted by its board of directors or by an officer so been notified in writing of the change.	
Mahmad	Archardeh	MAHMOUD SHEHADEH, PRESIDENT	
Signatur	e of an officer or director	Printed or typed name and title	
I further agrée i of my duties, an document is bei	the appointment as registered as o comply with the provisions of a lam familiar with and accept to gilled merely to reflect a chang been notified in writing of this c	igent and agree to act in this capacity. I all statutes relative to the proper and complete perform The obligation of my position as registered agent. Or, is The in the registered office address, I hereby confirm that Change.	ance this the
Sig	nature of Registered Agent	Date	_
If signing on be	half of an entity:		
	ped or Printed Name		

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