

P/00000069747

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

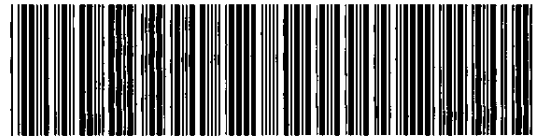
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Roberts OCT 21 2010

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

SUBJECT: \_\_\_\_\_

Paradise Oil, Inc  
Name of Corporation

DBA / LAKE PLACID  
CITGO

DOCUMENT NUMBER: \_\_\_\_\_

PI0000069747

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:

JOE EPIFANIO  
Name of Contact Person

Paradise Oil, Inc  
Firm/Company

4415 13<sup>th</sup> Ave SW Naples FL 34116  
Address

Naples FL 34116  
City/State and Zip Code

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

For further information concerning this matter, please call:

JOE EPIFANIO  
Name of Contact Person

at (239) 825-6161  
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 FLORIDA in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: PARADISE OIL INC.  
2. The principal office address: 4415 13TH AVE SW  
NAPOLES, FL 34116  
3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 8/25/2010 Document number: P10000016924

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)  
JOE E PITANIO  
8920 Colonial Center Drive  
FORT MYERS, FL 33905

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):  
JOE E PITANIO  
4415 13TH AVE SW  
NAPOLES, FL 34116  
P.O. Box NOT acceptable

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.

\_\_\_\_\_  
Signature of an officer or director JOSEPH E PITANIO 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.

\_\_\_\_\_  
Signature of Registered Agent 10/14/10  
Date

If signing on behalf of an entity:  
J. E PITANIO  
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)