P12 6000 65355

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	
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COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Petro Supplies Auericas, INC Name of Corporation
DOCUMENT NUMBER: P / 2000 65355
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:
Name of Contact Person Petro Supplies Averica Firm/Company
HOO Sahedo St. Suite 502 Address
Address Coval Gables, FL. 38146 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Alex Hartin at (954) 709-1808 Name of Contact Person at (954) 709-1808 Area Code & Daytime Telephone Number
Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a \$35.00 check made payable to the Department of State

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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 $\frac{1}{2}$
in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: Petro Supplies Americas, Inc.
2. The principal office address: 4/00 5a/2edo Street #5602
CORAL Gables, FL 3314GA 1
3. The mailing address (if different):
The state of the s
4. Date of incorporation/qualification: 7/26/12 Document number: P120000653
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)
Luis Deville
4100 Salzedo St. Svite 602
Coral Gables, FL 33146
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
4100 Satze do St. Suite 502
Coral Cables, FL 33146
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 of Arctor Luis Deville 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 -Lo-17
If signing on behalf of an entity:
Typed or Printed Name

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