## P19000070002

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
ļ				

Office Use Only



000387040030

05/03/22--01023--005 \*\*35.00

TALLAHASSEE, FLORIDA

2022 MAY -3 PH 1: 2

S. PRATHER

## **COVER LETTER**

TO:	Amendment Section Division of Corporations	ų
SUBJ Name	JECT: Enterprise Fueling Inc.	
DOC	UMENT NUMBER: P19000070002	
The e	nclosed Statement of Change of Registered	d Office/Agent and fee are submitted for filing.
Please	e return all correspondence concerning this	matter to the following:
Binod	Chaudhary	
Name	of Contact Person	
Westla	ake Fueling	
Firm/	Company	
4670 S	Seminole Pratt Whitney Rd	
Addro	ess	
Westla	ake, FL 33470	
City/S	State and Zip Code	<del></del>
	admin@cgpetro.com	
E-ma	il address: (to be used for future annual	l report notification)
For fu	erther information concerning this matter, p	please call:
Laura	Mulens	at (561 )307-2480  Area Code & Daytime Telephone Number
	Name of Contact Person	Area Code & Daytime Telephone Number
Enclo	sed is a \$35.00 check made payable to the	Department of State.
	Mailing Address: Amendment Section	Street Address: Amendment Section
	Division of Corporations	Division of Corporations
	P.O. Box 6327	The Centre of Tallahassee
	Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

CR2E045 (04/13)

## 2022 MAY -3 PH 1:

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

statement of cha	inge is submitted for a corporation or	0502, 607.1508, or 617.1508, Florida Statutes, ganized under the laws of the State of <sup>Florida</sup> gistered agent, or both, in the State of Florida.	this
	the corporation: Enterprise Fueling Inc		
2. The principal	office address: 4525 Wiles Rd, Coconu	tt Creek, FL 33073	
3. The mailing a	address (if different): 4670 Seminole Pr	ratt Whitney Rd, Westlake, FL 33470	
		Document number: P19000070002	
5. The name and		ed agent and registered office on file with the	
	Binod Chaudhary		TAI
	9490 Bent Grass Ct		LAH
	Delray Beach, FL 33446		LLAHASSEE.
6. The name and (if changed):	d street address of the new registered a	agent (if changed) and /or registered office	Or STATE E. FLORIDA
	Binod Chaudhary		AU T
	4670 Seminole Pratt Whitney Rd		
		Box NOT acceptable	
	Westlake, FL 33470	<del></del>	
The street address changed will	ess of its registered office and the str be identical.	eet address of the business office of its registe	red agent,
Such change wanthorized by the	as authorized by resolution duly adoption board, or the cornoration has been	pted by its board of directors or by an officer s i notified in writing of the change.	o
	124	Binod Chaudhary	
2	the appointment as registered agent to comply with the provisions of all s ad I am familiar with and accept the ing filed merely to reflect a change in s been notified in writing of this chan	Printed or typed name and title  and agree to act in this capacity.  statutes relative to the proper and complete pe obligation of my position as registered agent, a the registered office address, I hereby confir	rformance Or, if this m that the
	mature of Registered Agent	4-21-22 Date	<del></del>
-	chalf of an entity:	1746	
Binod Chaudhary	<i>,</i>		
1	yped or Printed Name		
	* * * EILING	EEE. 635 AA + + +	

\* \* \* 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 (04/13)