P19000090237

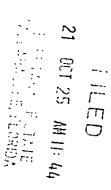
(Requestor's Name)		
(Address)		
(Address)		
(Ci	ty/State/Zip/Phone	(f)
PICK-UP	☐ WAIT	MAIL
(Business Entity Name)		
(Document Number)		
Certified Copies	Certificates of	of Status
` 	_	
<u> </u>		
Special Instructions to Filing Officer:		
		Ì

Office Use Only



800374340598

10/25/21--01022--015 **85.00



T. LEMIEUX NOV - 3 2021

COVER LETTER

TO:

Amendment Section Division of Corporations

SUBJECT: POMPANO MOBIL, INC. Name of Corporation		
DOCUMENT NUMBER: P19000090237		
The enclosed Statement of Change of Registered	d Office/Agent and fee are submitted for filing.	
Please return all correspondence concerning this	s 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@POWERPETROIN	NC.COM	
E-mail address: (to be used for future annua	report notification)	
For further information concerning this matter, p	please call:	
ANSAR QURAAN	at (561) 288-1710	
Name of Contact Person	at (561) 288-1710 Area Code & Daytime Telephone Number	
Enclosed 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)

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

statement of cha	nge is submitted for a corporation o	7.0502, 607.1508, or 617.1508, Florida Statutes, this organized under the laws of the State of FLORIDA	
	, ,	registered agent, or both, in the State of Florida.	
1. The name of t	he corporation: POMPANO MOBIL	., INC.	
2. The principal office address: 1308 EAST ATLANTIC BLVD, POMPANO BEACH, FL 33060			
3. The mailing a	ddress (if different):		
4. Date of incorporation/qualification: 11/22/2019 Document number: P19000090237		Document number: P19000090237	
5. The name and		ered agent and registered office on file with the	
	SHEHADEH GIANNAMORE PLL	<u> </u>	
	396 ALHAMBRA CIR STE 100A		
	CORAL GABLES, FL 33134		
6. The name and (if changed):	street address of the new registered	d agent (if changed) and /or registered office	
	SHEHADEH GIANNAMORE, PLL	c 2	
	620 S. LE JEUNE ROAD	DCT PCT	
	CORAL GABLES, FL 33134	O, Box NOT acceptable	
The street addre	ss of its registered office and the s	areet address of the business of fice of its registered agent.	
		opted by its board of directors or by an officer so en notified in writing of the change.	
Muhanna	e of an object of director	MUHAMMAD JAFRI, PRESIDENT Printed or typed name and title	
I further agree t of my duties, an document is bei	the appointment as registered ago o comply with the provisions of al d I am familiar with and accept th ng filed merely to reflect a change been notified in writing of this ch	nt and agree to act in this capacity. I statutes relative to the proper and complete performance e obligation of my position as registered agent. Or, if this in the registered office address, I hereby confirm that the ange.	
Sig	nature of Registered Agent	Date	
It signing on be	half of an entity:		
Т	ped or Printed Name		

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