

P940000005651

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

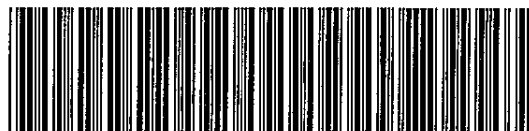
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STATE

**TRANSMITTAL LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** OIL EXCHANGE INC  
(Name of Corporation)

**DOCUMENT NUMBER:** P94000005651

The enclosed Articles of Correction and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

AARON D. BIRTH  
(Name of Person)

OIL EXCHANGE INC  
(Name of Firm/Company)

10675 S. US HWY 1  
(Address)

POM ST LUCIE FL 34952  
(City/State and Zip Code)

For further information concerning this matter, please call:

DAVID A. BIRTH at (772) 201-0683  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☐ \$35.00 Filing Fee

☐ \$43.75 Filing Fee & Certified Copy

☐ \$43.75 Filing Fee & Certificate of Status

☒ \$52.50 Filing Fee, Certificate of Status & Certified Copy

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

**Street Address:**  
Amendment Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, Florida 32399

**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, ARON D. BIRTH, hereby resign as PRESIDENT  
(Title)

of OIL EXCHANGE INC  
(Name of Corporation)

P94000005651, a corporation organized under the laws of the State of  
(Document Number, if known)

FLORIDA

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CLERK OF STATE  
TALLAHASSEE, FLORIDA

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[Signature] (GUARDIAN FOR ARON D. BIRTH)  
(Signature of resigning officer/director)

**FILING FEE IS \$35.00**

**Make checks payable to Florida Department of State and mail to:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314