## P970000 14256

(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:

Office Use Only



300330113103

08/05/15--01032/-023 \*\*35.60

2019 JUN - 5 AM II: 46
SECRETARY OF STATE
TAIL AHASSEE

JUN 13 2019

C Kinsel

## **COVER LETTER**

TO: Amendment Section Division of Corporations	
SUBJECT: Southern Petroleum S	ystems, Inc.
(Name of C	orporation)
DOCUMENT NUMBER: P97000014256	
The enclosed Resignation of Registered Agent for a	Corporation and fee are submitted for filing.
Please return all correspondence concerning this mat	ter to the following:
Corinne P. McClure, Senior Para	egal
(Name of Person)	
McGuireWoods LLP	
(Name of Firm/Company)	
50 North Laura Street, Suite 3	300
(Address)	
Jacksonville, FL 32202	
(City/State and Zip Code)	
For further information concerning this matter, pleas	e call:
Corinne McClure 31, 90	04 798-3294 ea Code & Daytime Telephone Number)
(Name of Person) (Ar	ea Code & Daytime Telephone Number)
Enclosed is a check made payable to the Florida Dep or \$35.00 for an administratively dissolved, voluntary	partment of State for \$87.50 for an active corporation ily dissolved or withdrawn corporation.

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FI 32314

## RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

	502(2). 617.0502(2), 607.1509. or 617.1509.	
Florida Statutes, the undersigned, RAX Co	0.	
	(Name of Registered Agent)	
haraby recions as Radistored Agent for So	uthern Petroleum Systems, In	nc.
nereby resigns as registered regent for	(Name of Corporation)	
P97000014256		
(Document Number, if known)		
A copy of this resignation was mailed to the	above listed corporation at its last known ac	ldress.
The agency is terminated and the office disc this statement is filed.	continued on the 31st day after the date on wi	
Sur D. V.	laylor  Te of Resigning Agent)	2019 JUN -5 AH 11: 46
If signing on behalf of an entity:	AHASS	JUN-5 AHII
Lisa O. Taylor		
	d or Printed Name)	94:
President		
	(Capacity)	
Make checks payable to Fl Divisio F	lorida Department of State and mail to: on of Corporations P.O. Box 6327 thassee, FL 32314	