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## CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

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	RA Resignation
	Dissolution / Withdrawal
	Annual Report / Reinstatement
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	Officer Search
	Fictitious Search
C:	Fictitious Owner Search
Signature	Vehicle Search
	Driving Record
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Name Date Time	UCC 11 Retrieval

## 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,
the undersigned corporation organized under the laws of the State of FLORIDA submits the following statement in order to change its registered office or registered agent, or both, in
the State of Florida.
1. The name of the corporation : PETRO OPERTING COMPANY
2. The mailing address of the corporation: 6200 HIGHWAY 6 SOUTH, SUITE 201
HOUSTON, TEXAS 77083
3. Date of incorporation/qualification: JAN. 16, 1998 Document number: P98000004932
4. The name and address of the current registered agent and office:
BOB L. HARRIS
BOB L. HARRIS  215 SOUTH MONROE ST., SUITE 701, PO BOX 1876  TALLAHASSEE. FLORIDA 32303-1876
TALLAHASSEE, FLORIDA 32303-1876
5. The name and address of the new registered agent (if changed) and/or registered office (if changed):  (P. O. Box Not Acceptable)  CAPITAL CONNECTION. INC.
CAPITAL CONNECTION, INC.
417 E VIRGINIA ST., SUITE 1
TALLAHASSEE, FLORIDA 32301
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.
Harry Agrillo 6-06-05
(Signature of an officet, mairman or vice chairman of the board) (Date)
HARLAN H. CHAPPELLE, PRESIDENT (Printed or typed name and title)
Having been named as registered agent and to accept service of process for the above stated corporation, 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 amfamiliar with and accept the obligation of my position as registered agent?
Sulan white \$\\\\ \(\begin{align*} \(\begin{align*} \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\
If signing on behalf of an entity:
Leilani White Registered Agent Coordinator (Typed or Printed Name) (Capacity)

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