

509697

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

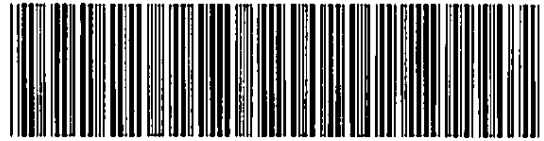
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FL

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Petroleum Aids, Inc.
Name of Corporation

DOCUMENT NUMBER: S09697

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Wenda A. Lewis

Name of Contact Person

Lewis Oil Co., Inc.

Firm/Company

621 SE Depot (7th) Avenue

Address

Gainesville, Florida 32601

City/State and Zip Code

wlewis@lewisoilco.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jeffrey R. Dollinger

Name of Contact Person

at (352) 416-3419

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:

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

Street Address:

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**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, this statement of change is submitted for a corporation organized under the laws of the State of Florida _____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Petroleum Aids, Inc.
2. The principal office address: 605 SE Depot Avenue, Gainesville, Florida 32601
3. The mailing address (if different): _____
4. Date of incorporation/qualification: _____ Document number: 509697
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Jualene O. Lewis

2802 NW 4th Lane

Gainesville, Florida 32607

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Wenda A. Lewis

621 SE Depot (7th) Avenue

P.O. Box NOT acceptable

Gainesville, Florida 32601

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, or the corporation has been notified in writing of the change.

Wenda A. Lewis
Signature of an officer or director

Wenda A. Lewis, President

Printed or typed name and title

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 am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

Wenda A. Lewis
Signature of Registered Agent

4/23/21
Date

If signing on behalf of an entity:

Wenda A. Lewis

Typed or Printed Name

*** 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)

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2021 OCT 24 PM 2:08
TALLAHASSEE, FL
SECRETARY OF STATE