Current Mailing Address:				
PO BOX 304 HOSFORD,	4 FL 32334 US			
FEI Number: 20-1602775		Certificate of Status Desired: Yes		
Name and Address of Current Registered Agent:				
BURKE, TERE 22361 NE WHI HOSFORD, FL	PPOORWILL LANE			
The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.				
SIGNATURE: TERESA BURKE				02/00/2024
	TERESA DURRE			03/08/2021
	Electronic Signature of Registered Agent			Date
	Electronic Signature of Registered Agent	Title	VP	
Officer/Dire	Electronic Signature of Registered Agent	Title Name	VP BURKE, PRESTON LEE	
Officer/Dire Title	Electronic Signature of Registered Agent ctor Detail : PRESIDENT			Date
Officer/Dire Title Name	Electronic Signature of Registered Agent ctor Detail : PRESIDENT BURKE, TIMOTHY MARC 22361 NE WHIPPOORWILL LANE	Name	BURKE, PRESTON LEE 21398 NW COUNTY ROAD 274	Date
Officer/Dire Title Name Address	Electronic Signature of Registered Agent ctor Detail : PRESIDENT BURKE, TIMOTHY MARC 22361 NE WHIPPOORWILL LANE	Name Address	BURKE, PRESTON LEE 21398 NW COUNTY ROAD 274	Date
Officer/Dire Title Name Address City-State-Zip:	Electronic Signature of Registered Agent ctor Detail : PRESIDENT BURKE, TIMOTHY MARC 22361 NE WHIPPOORWILL LANE HOSFORD FL 32334	Name Address	BURKE, PRESTON LEE 21398 NW COUNTY ROAD 274	Date
Officer/Dire Title Name Address City-State-Zip: Title	Electronic Signature of Registered Agent ctor Detail : PRESIDENT BURKE, TIMOTHY MARC 22361 NE WHIPPOORWILL LANE HOSFORD FL 32334 SECRETARY	Name Address	BURKE, PRESTON LEE 21398 NW COUNTY ROAD 274	Date

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: TERESA BURKE

SECRETARY

03/08/2021

Electronic Signature of Signing Officer/Director Detail

2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000126583

Entity Name: LIBERTY PIPELINE & COMPRESSOR SERVICES, INC.

Current Principal Place of Business:

22361 NE WHIPPOORWILL LANE HOSFORD, FL 32334 FILED Mar 08, 2021 Secretary of State 5075916923CC

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