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R. WHITE

## **COVER LETTER**

TO:

Amendment Section Division of Corporations

SUBJECT: MUSSEL BEACH RESTAURANT, INC

Name of Corporation

**DOCUMENT NUMBER:** 

213000071765

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:

MARK MEZZANCELLO

Name of Contact Person

MUSSEL BEACH RESTAURANT, INC.

Firm/Company

501 ATLANTIC AVENUE

Address

DELRAY BEACH, FL 33483

City/State and Zip Code

markmezzancello@hotmail.com

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

For further information concerning this matter, please call:

MARK MEZZANCELLO

,917 \ 560**-**5

Name of Contact Person

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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

1. The name of the corporation: MUSSEL BEACH RESTAURANT, INC  2. The principal office address: 501 ATLANTIC AVENUE, DELRAY BEACH, FL 33483  3. The mailing address (if different):  4. Date of incorporation/qualification: 8/28/13 Document number: P13000071765  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)  JOSPEH BILOTTI  4755 TECHNOLOGY WAY BLDG. 1, STE. 1  BOCA RATON, FLORIDA 33431  6. The name and street address of the new registered agent (if changed) and /or registered office of (if changed):  CHARLES L JAFFEE  7301-A W PALMETTO PARK RD STE 305C  PO. Box NOT acceptable  BOCA RATON, FL 33433  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.  MARK MEZZANCELLO  Pinned or typed name and the  I harber or appear name and the street of the ordination of my position as registered agent. Or if this document is being file merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.  1 Signature of Registered pages  1 Signature of Registered pages  1 Signature of Registered pages  Tysed of Printed Name  Tysed of Printed Name	statement of cha	nge is submitted for a corporation	17.0502, 607.1508, or 617.1508, Floria organized under the laws of the State o registered agent, or both, in the State o	of FLORIDA		
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CHARLES L JAFFEE	Sig	nature of Registered Agent	Date			
	If signing on be	half of an entity:				

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