above, or on an attachment with all other like empowered.

SIGNATURE: LINDA BUSSE

Electronic Signature of Signing Officer/Director Detail

Entity Name: SEAFOOD ATLANTIC, INC.

# **Current Principal Place of Business:**

520 GLEN CHEEK DR CAPE CANAVERAL, FL 32920

## **Current Mailing Address:**

4065 TANGELO AVENUE COCOA. FL 32926

### FEI Number: 59-2377164

### Name and Address of Current Registered Agent:

BUSSE, JAMES DONALD 4065 TANGELO AVENUE COCOA, FL 32926 US

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:

Electronic Signature of Registered Agent

#### **Officer/Director Detail :**

Title	PD	Title	STD
Name	BUSSE, JAMES D	Name	BUSSE, LINDA
Address	4065 TANGELO AVENUE	Address	4065 TANGELO AVENUE
City-State-Zip:	COCOA FL 32926	City-State-Zip:	COCOA FL 32926

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

SECRETARY TREASURER 03/17/2020

Date

FILED Mar 17, 2020 Secretary of State 0765898185CC

Certificate of Status Desired: Yes

Date