

485651

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

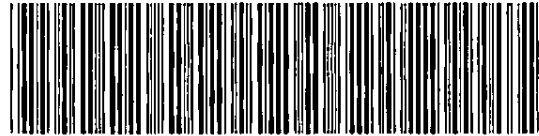
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100304143371

2017 OCT -3 PM 4:30

2017 OCT -3 PM 2:12

OCT 04 2017
C McNAIR

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

2017 OCT -3 PM 4:30

ACCOUNT NO. : I200000000195
REFERENCE : 844454 8152954
AUTHORIZATION : *[Signature]*
COST LIMIT : \$ 35.00

ORDER DATE : October 2, 2017
ORDER TIME : 11:02 AM
ORDER NO. : 844454-005
CUSTOMER NO: 8152954

CHANGE OF AGENT

NAME: FLORIDA AQUATIC NURSERIES,
INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY

CONTACT PERSON: Melissa Zender -- EXT#

EXAMINER: _____

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Florida Aquatic Nurseries, Inc.

Name of Corporation

DOCUMENT NUMBER: 485651

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:

Bradford McLane

Name of Contact Person

Florida Aquatic Nurseries, Inc.

Firm/Company

2400 SW 154th Avenue

Address

Davie, FL 33326

City/State and Zip Code

brad@floridaaquatic.com

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

For further information concerning this matter, please call:

Bradford McLane

at (954) 472-5120

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

2017 OCT - 3 PM 4:30

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: Florida Aquatic Nurseries, Inc.
2. The principal office address: 2400 SW 154th Avenue, Davie, FL 33326
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 04/04/1975 Document number: 485651
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)

Fredric Buresh
800 SE Third Avenue
Fort Lauderdale FL 33316

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

Corporation Service Company
1201 Hays Street
Tallahassee FL 32301

P.O. Box NOT acceptable

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.

Bradford McLane
Signature of an officer of director

Bradford McLane, 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.

Corporation Service Company

By: [Signature]
Signature of Registered Agent

10/3/17
Date

If signing on behalf of an entity: My: lissa Zender
Asst. Vice President

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
CR2E645 (03/12)

2017 OCT -3 PM 4:30