GT41077

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(Reque	estor's Name)	
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(City/State/Zip/Phone #)		
PICK-UP	WAIT	MAIL
(Busin	ess Entity Nam	e)
(Docur	ment Number)	
Certified Copies	Certificates	of Status
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Special Instructions to Fili	ng Officer:	

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COVER LETTER ·

TO: Amendment Section Division of Corporations			
SUBJECT: Bacalao Brothers Inc Name of Corporation			
DOCUMENT NUMBER: G 41077			
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:			
Melanie E Harman Name of Contact Person			
New England Fish Market Firm/Company			
1419 NE Jensen Beach Blud Address			
Jensen Beach FL 34957 City/State and Zip Code			
E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
Melanie E Harman at (772) 334. 6666 Ext Y Name of Contact Person Area Code & Daytime Telephone Number			
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 Street Address: Amendment Section			

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Clifton Building

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

CR2E045 (03/12)

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: Bacalao Brothers Inc
2. The principal office address: 1719 NE Jensen Beach Blud
Jeasen Beach FL 34957
3. The mailing address (if different):
4. Date of incorporation/qualification: 5/25/83 Document number: 6 4/077
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)
John Mellaci Pres.
1419 NE Jensen Beach Blud
Jensen Beach FL 34957
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Robert S. Kramer 2300 SE Monderes Rd. Suite 100 P.O. Box NOT acceptable
Stuart FL 34996
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.
John Wellsein Ditto MEUACI Signature of an officer or director 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.
Signature of Registered Agent Date
If signing on behalf of an entity:
Typed or Printed Name

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