

H 02484

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

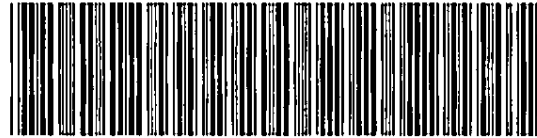
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRET

2022 FEB 18 AM 9:49

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G. BRUMBLEY
FEB 24 2022

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Boynton Fisherman Supply Inc.
Name of Corporation

DOCUMENT NUMBER: H02484

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:

JOSEPH R. MAZZA
Name of Contact Person

BOYNTON FISHERMAN SUPPLY, INC.
Firm/Company

618 N. FEDERAL HWY
Address

BOYNTON BEACH, FLORIDA 33435
City/State and Zip Code

E-mail address: (to be used for future annual report notification) BOYNTONFISHERMAN@GMAIL.COM

For further information concerning this matter, please call:

Joseph Mazza at (609) 705-9292 or
Name of Contact Person Area Code & Daytime Telephone Number
561-736-0568

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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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: Boynton Fisherman Supply Inc.
2. The principal office address: 618 N. Federal HWY.
Boynton Beach, FL 33435
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 5-8-1984 Document number: H02484
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)

JACK H. GAYEGIAN
618 N. FEDERAL HWY #618
Boynton Beach, FL 33435

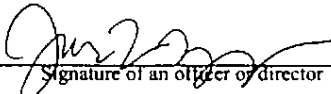
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

JOSEPH R. MAZZA
618 N. FEDERAL HWY.
BOYNTON BEACH, FL 33435

P.O. Box NOT acceptable

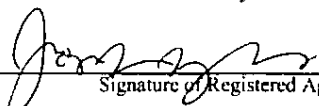
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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.


Signature of an officer or director

JOSEPH R. MAZZA PRINCIPAL/PRES
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

2-14-2022
Date

If signing on behalf of an entity:

JOSEPH R. MAZZA
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
CR2E045 (04/13)

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STATE
TALLAHASSEE, FL