K21665

(Re	questor's Name)	
(110	questor s riumo,	
(Ad	dress)	
(/\u0	aicss)	
	dress)	
(Ad	aless)	
(0:	(C)-1-17:-17:-17:	- 40
(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificate:	s of Status
Special Instructions to	Filing Officer:	
•	J	

Office Use Only



000313086950

05/14/18--01029--010 **35.00

GIVISION OF CORPORATION

STORY OF CORPORATION

STORY OF AN ID 24

MAY 16 2018 NONAIR

COVER LETTER



MI HAY 14 AM D 24

TO: Amendment Section Division of Corporations

Subject: Sam's St John's Seafood Inc	
Name of Corporation	_
DOCUMENT NUMBER: K21608	_

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:

Sam Bajalia			
Name of Contact Person			
Restaurant Solutions			
Firm/Company			
831 North Palmetto Avenue			
Address			
Green Cove Springs, FL 32043			
City/State and Zip Code			
ssiors@outlook.com			

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

For further information concerning this matter, please call:

Amy Bajalia	_{at} 904	,284-4933
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

statement of cha	nge is submitted for a corporation organ	2, 607.1508, or 617.1508, Florida Statutes, this ized under the laws of the State of Florida
		ered agent, or both, in the State of Florida.
1. The name of	the corporation: Sam's St John's S	Sealood Inc.
2. The principal	office address: 1464 Park Avenue	e Orange Park, FL 32073
		
	address (if different): 831 North Pali	metto Avenue
	Cove Springs, FL 32043	
4. Date of incorp	poration/qualification: <u>04/18/198</u> 8	Document number: K21608
5. The name and	•	gent and registered office on file with the
	Chapman, J. Stanley	
	211 S Gadsden St	SINISI Sivisi
	Tallahassee, FL 32301	
•6. The name and (if changed):	I street address of the new registered ager	F §
	Sam Bajalia	
	831 North Palmetto Avenue	
	P.O. Box NOT	
	Green Cove Springs, FL 320	J43
The street address changed will	ess of its registered office and the street a be identical.	address of the business office of its registered agent.
Such change wa authorized by th	is authorized by resolution duly adopted ne board, or the corporation has been not	by its board of directors or by an officer so ified in writing of the change.
ame	K of an officer of director	Amy Bajalia
	the appointment as registered agent and	Printed or typed name and title
i further agree t performance of agent. Or, if the	lo comply with the provisions of all statu	ttes relative to the proper and complete ecept the obligation of my position as registered ect a change in the registered office address. I
Sa	nature of Registered Agent	May 4, 2018
•		Date
	half of an entity:	
	BAJALIA- pped or Printed Name	

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