

K98207

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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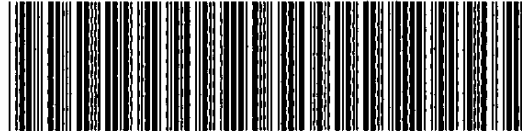
(Business Entity Name)

(Document Number)

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TALLAHASSEE FLORIDA

RD
1/11/08

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Sexton's Seafood Inc.

(Name of Corporation)

DOCUMENT NUMBER: K98207

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:

Mary Ann Sexton

(Name of Contact Person)

Sexton's Seafood Inc.

(Firm/Company)

P.O. Box 1683

(Address)

Destin, Fl. 32540

(City/State and Zip Code)

For further information concerning this matter, please call:

Mary Ann Sexton

(Name of Contact Person)

at (850) 585-5561

(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**

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: Sexton Seafood Inc.
2. The principal office address: 601 Harbor Blvd.
Destin, Fl. 32540
3. The mailing address (if different): P.O. Box 1683, Destin, Fl. 32540
4. Date of incorporation/qualification: June 21, 1989 Document number: K98207
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Michael L. Weimorts

4507 Furling Ln. Suite #209

Destin, Fl. 32541

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

Nancy L. Watson

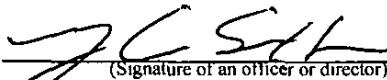
133 Hospital Drive NE

(P.O. Box NOT acceptable)

Fort Walton Beach, Fl. 3548

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)

Mary Ann Sexton - Owner/DVST

(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)

1-8-08

(Date)

If signing on behalf of an entity:

(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 (8/05)

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TALLAHASSEE FLORIDA