

LO7000070166

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

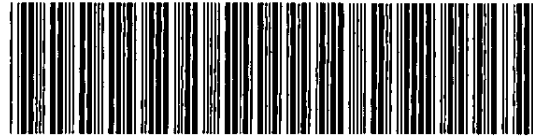
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

189 707 671

Office Use Only



000133058830

07/21/08--01013--006 **35.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09 SEP - 2 PM 3:21

FILED

M. THOMAS
SEP - 2 2008
EXAMINER

LO7-70166

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Bright Fish Label, LLC
(Name of Limited Liability Company)

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Robert Castles

(Name of Person)

(Firm/Company)

7383 119th Ave. N.

(Address)

Largo, FL 33773

(City/State and Zip Code)

08 SEP - 2 PM 3:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

For further information concerning this matter, please call:

Robert Castles

(Name of Person)

at (727) 642-7929

(Area Code & Daytime Telephone Number)

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☐ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

→ Previously paid - see attached



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 23, 2008

ROBERT CASTLES
7383 119TH AVE. N.
LARGO, FL 33773

SUBJECT: BRIGHTFISH LABEL, LLC
Ref. Number: L07000070166

We have received your document for BRIGHTFISH LABEL, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6097.

Marsha Thomas
Regulatory Specialist II

Letter Number: 108A00042694

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

08 SEP -2 PM 3:21

FILED

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR
LIMITED LIABILITY COMPANY**

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Name of the limited liability company: Bright Fish Label, LLC

2. (a) Principal office address of limited liability company: 8222 118th Ave. N. Ste. 615
Largo, FL 33773
(Note: **MUST BE STREET ADDRESS**)

(b) Mailing address of limited liability company: 8222 118th Ave. N. Ste. 615
Largo, FL 33773
(Note: **MAY BE POST OFFICE BOX**)

7/6/07
3. Date of filing/registration in Florida

L07000070166
4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent:

American Safety Council, Inc

Registered Office Address:

5125 ~~N~~ Adanson St. Ste. 500
Orlando, FL 32809

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

NEW Registered Agent:

Robert Castles

NEW Registered Office Address:

(MUST BE FLORIDA STREET ADDRESS)

7383 119th Ave. N.
Largo, FL 33773

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Robert Castles, Jr
(Signature of a member or authorized representative of a member)

Robert Castles, Jr - Managing Member
(Printed or typed name of signee)

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 obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Robert Castles, Jr
(Signature of Registered Agent)

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00

(Previously submitted - see attached)

FILED
08 SEP - 2 PM 3:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA