## W100095639

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M. THOMAS

DEC -4 2009

**EXAMINER** 

## **COVER LETTER**

Division of Corporations		
SUBJECT: Fishybizness () Name of Lim	tarters LC nited Liability Company	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office	ce Change and fee(s) are submitted for filing	<b>3</b> .
Please return all correspondence concerning this	s matter to the following:	
Victor Vangues Name of Person		
Fishybizness Charle	rs, LLC	2009
14711 Indigo Lakes Ce	AHASSEE ARYO	7669 DEC -3 AM 10
Naples, F1 34119 City/State and Zip Code	Y OF STATE SEE, FLORIDA	AM 10: 36
Capt Vic @ naples Chart E-mail address: (to be used for filture annual report notifie	er fishing, net	
For further information concerning this matter, p	please call:	
Jane Var onces at	Area Code & Daytime Telephone Number	<del></del>
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 a	mount:	
\$25 Filing Fee	\$55 Filing Fee & Certified Copy	

## 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: 2. (a) Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) (b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) 3. Date of filing/registration in Florida Document number 5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State: Registered Agent: Registered Office Address: (b) Enter name of NEW Registered Agent and/or NEW Registered Office address **NEW** Registered Agent: **NEW** Registered Office Address: (MUST BE FLORIDA STREET ADDRESS) 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. Signature of a member of authorized representative of a member 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. ignature of Registered Agen,

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00