110000027290

(Requestor's Name)
(Address)
(Address)
,
(City/State/Zip/Phone #)
(City/State/Zip/Filone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
•
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18 AUG -8 AM 8: 00 SECRETARY OF STATE ALLAHASSEE FLORIDA

18 AUS -8 PH 4: 24

CORPORATION SERVICE COMPANY 1201 Hays Street

1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195						
REFERENCE : 338291 7666491						
AUTHORIZATION :						
COST LIMIT : 5 15.00						
ORDER DATE : August 8, 2018						
ORDER TIME : 2:52 PM						
ORDER NO. : 338291-010						
CUSTOMER NO: 7666491						
CHANGE OF AGENT						
NAME: SEAFOOD MIAMI PROPERTIES, LLC						
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:						
CERTIFIED COPY XX PLAIN STAMPED COPY						
CONTACT PERSON: Roxanne Turner EXT#						
EXAMINER:						

COVER LETTER

	sion of Corporations	
SUBJECT:	Seafood Miami Properties, LL	.c
)	Name of Limited Liability Company
Dear Sir or N	Madam:	
The enclosed	Registered Agent/Registered (Office Change and fec(s) are submitted for filing.
	all correspondence concerning	
Vincent Ciglia		
	Name of Person	·
Seafood Miar	mi Properties LLC	
	Firm/Company	
18531 S. Bro	adwick Street	
	Address	
Rancho Domi	nguez, CA 90220	
	City/State and Zip Code	
vince@smsea	·	
E-mail ac	ddress: (to be used for future ar	nnual report notification)
	ormation concerning this matte	·
/incent Cigliar		
	Name of Person	at () 344-4100
_		Area Code & Daytime Telephone Number
STRE	ET/COURIER ADDRESS:	MAILING ADDRESS:
Registr	ration Section	Registration Section
Clidara	n of Corporations	Division of Corporations
Clitton	Building	P.O. Box 6327
Tallaha	xecutive Center Circle ssec, Florida 32301	Tallahassee, Florida 32314
Enclose	ed is a check for the following	g amount:
	Filing Fee	S55 Filing Fee & Certified Copy
HS18 (2/14)		B. To as continue cupy

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

Pursuant to the provisions of sections 605.0114 or 605.0116, 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. N	ame of the limited liability company: Seafood Miam	i Prope	rties, LLC	
2. (a)		G	b)	18531 S. Broadwick Street
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		-, <u></u> -	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Rancho Dominguez, CA 90220	_		Rancho Dominguez, CA 90220
3.	03/11/2010		L1000	0027290
5. (a)	Date of filing/registration in Florida R&A Agents, Inc.	4.		Document number
J. (a)	Registered Agent and Registered Office shown on the records of the	ha lilonida	D-+ -65	 .
	CNL Center II, 7th Floor, 420 Orange Ave.	ne Fiorida	a Dept. of S	tate:
			 	
	Registered Office Address (MUST BE FLORIDA STREET A.	DDRESS	2	₹ 6 6
			 	
	Orlando , FL_	3280-	1	調る町
		3200	1	- 8 -8 LE
(b)	Corporation Service Company			1717
	Enter name of NEW Registered Agent and/or NEW Registered C	Office add	Iress:	- 글 글 다
				(a) (a) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c
	1201 Hays Street			_
	NEW Registered Office Address:			-
		<u> </u>		<u> </u>
	Tallahassee , FL_	32301		
agent wi was/wer	nited liability company is not organized under the laws age or changes are made, the Florida street address of the ill be identical. Or, in the case of a Florida limited liable authorized by an affirmative vote of the members of the soft organization or the operating agreement of the line.	ility cor	mpany, it	is hereby confirmed that the change(s)
Signatu	re of a member or authorized representative of a member	Vince	Cigliano	
			·	Printed or typed name of signee
nereby provision he oblig o merely otified i	caccept the appointment as registered agent and agree as of all statutes relative to the proper and complete perations of my position as registered agent as provided for reflect a change in the registered office address, I here in writing of this change.	to act i erformat for in Ch reby cor	in this cap nce of my hapter 60 ifirm that	pacity. I further agree to comply with the duties, and I am familiar with and accept 5, F.S. Or, if this document is being filed the limited liability company has been
	xuna here			anne Tumer
arguarure :	ofRegistered Agent Corporation Service Company	3Y:	Asst. V	/ice President
	Diminio CO			

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

COVER LETTER

TO: Registration Section Division of Corporations					
Seafood Miami Properties, LLC	>				
N	ame of Lin	nited Liability Company			
Dear Sir or Madam:					
The enclosed Registered Agent/Registered O	Office Chan	ge and fec(s) are submitted for filing			
Please return all correspondence concerning					
Vincent Cigliano					
Name of Person			_		
Seafood Miami Properties LLC			SECRE	l8 ≱	
Firm/Company				AUG -	=
18531 S. Broadwick Street			COF STATE	8	ILED
Address			1.03 1.03 1.13	صد بې	
Rancho Dominguez, CA 90220			57	8: 00	
City/State and Zip Code					
vince@smseafood.com					
E-mail address: (to be used for future and	nual report	notification)			
For further information concerning this matter					
Vincent Cigliano	310				
Name of Person	at (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	, regilige;		
Enclosed is a check for the following	amount:				
□ \$25 Filing Fee		3 \$55 Filing Fee & Certified Copy			
NHS18 (2/14)		 			