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SECRETARY OF STATE
ASSESSMENT OF STATE

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#### **COVER LETTER**

Division of Corporations	
SUBJECT: Oceangrown Seafood 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:	
Erin Fullington Name of Person	
Oceangrown Seafood  Firm/Company	
Firm/Company	
120 W. Pujo St. Ste 300  Address	4
₩ - \$\	-
Lake Charles, LA 7060 City/State and Zip Code	
erinf@ doreenergy.com  E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Enin Fullington at (331) 502 5242  Name of Derson 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

INHS18 (2/14)

# 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. Name of the limited liability company: Ocean arown Seafood LLC
2. (a) 155 Crystal Beach Dr. (b) 120 W. Pujo St
Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)  Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)
# 101 Ste. # 300
Destin, FL 32541 Lake Charles, LA 7060
4/29/2014 L10000045656
3. Date of filing/registration in Florida 4. Document number
5. (a) Charles Fuller
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
SII 4 Guf Dr.  Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
Panama City Beach, FL 32408
(b)
Enter name of NEW Registered Agent and/or NEW Registered Office address:
Enter name of NEW Registered Agent and/or NEW Registered Office address:  Enin Fullington  NEW Registered Office Address:  155 Crystal Beach Dr. # 101
NEW Registered Office Address:   165 Crystall, Brach Dr. # 101
155 Crystal Beach Dr. # 101
Destin , FL 32541
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 registere agent will be identical. On in the ease 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.
* Usunt or WILLIAM J. DORE
Signature of a member or authorized representative of a 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 acce
provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and acce the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being file 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.  4Mh Gullin W
Signature of Registered Agent
<del>-</del>