

L1100009569

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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DIVISION OF CORPORATIONS

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DEC 15 2016

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** FISHBOX PLUMBING 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:

SCOTT CHODAK

Name of Person

FISHBOX PLUMBING LLC

Firm/Company

331 SE 5TH AVE

Address

POMPAÑO BEACH, FL

City/State and Zip Code

FISHBOXPLUMBING@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SCOTT CHODAK

at ( 561 )

324-2887

Name of Person

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)

*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.*

2. (a) 331 SE 5TH AVE

(b) 331 SE 5TH AVE

Mailing address of limited liability company:

**(Note: MAY BE POST OFFICE BOX)**

POMPANO BEACH, FL. 33060

POMPANO BEACH, FL. 33060

1/24/2011

L11000009569

4. Document number

5. (a) SCOTT CHODAK

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

331 SE 5TH AVE.

Registered Office Address ***(MUST BE FLORIDA STREET ADDRESS)***

POMPANO BEACH, FL. 33060

\_\_\_\_\_, FL

(b) JOHN ABRAM

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

**NEW** Registered Office Address:

\_\_\_\_\_, FL

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 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 accept the obligations of my position as registered agent as provided for in Chapter 605, 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.*

Signature of Registered Agent

INHS18 (2/14)