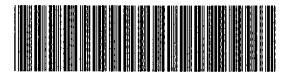
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| (Rec | questor's Name) | |
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| (City | //State/Zip/Phone | e #) |
| PICK-UP | WAIT | MAIL |
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| (Bus | iness Entity Nar | ne) |
| | | |
| (Doc | cument Number) | |
| | | |
| Certified Copies | Certificates | of Status |
| | | |
| Special Instructions to F | iling Officer: | |
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Office Use Only



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2013 JUN 13 AM II: 53

SECRETARY OF STATE

JUN 1 4 2013 J. BRYAN

COVER LETTER

| TO: Registration Section Division of Corporations | | |
|---|--|--|
| SUBJECT: For America (C) 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: | | |
| Pasty Zix Mick Name of Person | | |
| Firm/Company Firm/Company | | |
| 218 4th Avenue NE | | |
| Stein hotcheo FC 33359 City/State and Zip Code | | |
| I mail address: (to/be used for future annual report notification) | | |
| For further information concerning this matter, please call: | | |
| Pakita Zubick at (352) 498-237/ 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 & 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 608.5 liability company submits the following statement in order agent, or both, in the State of Florida. | 08, Florida Statutes, the undersigned limited or to change its registered office or registered |
|---|---|
| 1. Name of the limited liability company: Fish | for America |
| 2. (a) Principal office address of limited liability company (<i>Note: MUST BE STREET ADDRESS</i>) | Soint Agustin, 27 52086 |
| (b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) | II Jestine, El 52086 |
| 3. Date of fyling/registration in Florida | <u>//200/53/90</u> 4. Document number |
| 5. (a) Registered Agent and Registered Office shown on t | the records of the Florida Dept. of State: |
| Registered Agent: | TiTal |
| Registered Office Address: | III bertion Road Est. Ayustine, F-1 32086 |
| (b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Agent</u> . | W Registered Office address: Patricia Zurbrick |
| NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS) | 218 4th AUE WE. Steinhalchee FL32359 |
| If the limited liability company is not organized under the confirmed that after the change or changes are made, the F and the business office of the registered agent will be ident liability company, it is hereby confirmed that the change(s) the members of the limited liability company or as otherwithe 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 a comply with the provisions of all statutes relative to the prand I am familiar with and accept the obligations of my por Chapter 608, F.S. Or, if this document is being filed to me address, I hereby confirm that the limited liability company | lorida street address of the registered office ical. Or, in the case of a Florida limited was/were authorized by an affirmative vote of se provided in the articles of affirmative vote of se provided in the articles of affirmative vote of SEFIARY OF STARY |

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