

L22000054523

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

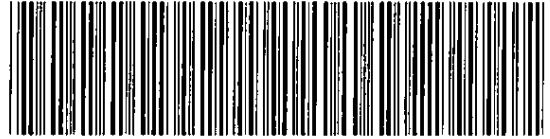
(Business Entity Name)

(Document Number)

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CLERK OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LUCKY FISH II 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:

CHRIS MOUTOS

Name of Person

LUCKY FISH II LLC

Firm/Company

6510 CHAPEL HILL RD

Address

RALEIGH NC 27607

City/State and Zip Code

CMOUTOS@LMREST.COM

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

For further information concerning this matter, please call:

CHRIS MOUTOS

919

8510858

at (

Name of Person

Area Code & Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

🏠 \$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 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: LUCKY FISH II LLC

2. (a) LUCKY FISH II LLC (b) 6510 CHAPEL HILL ROAD
Principal office address of limited liability company: Mailing address of limited liability company:
(Note: **MUST BE STREET ADDRESS**) (Note: **MAY BE POST OFFICE BOX**)

222 N POMPANO BEACH BLVD

6510 CHAPEL HILL ROAD

POMPANO BEACH FL 33062

RALEIGH NC 27607

02/08/2022

L22000054523

3. Date of filing/registration in Florida 4. Document number

5. (a) ILIAS L MOSHAKOS
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

ILIAS L MOSHAKOS

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

704 N OCEAN BLVD APT 602

POMPANO BEACH, FL 33062

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:

PLLC
BALOCCO & ABRIL, C/O JOSEPH BALOCCO JR

NEW Registered Office Address:

4332 EAST TRADEWINDS AVE

LAUDERALE BY THE SEA, FL 33308

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TALLAHASSEE, FLORIDA

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.

Chris Moutos

CHRIS MOUTOS

Signature of a member or authorized representative of a member

Printed or typed name of signer

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

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