

MO70000065ldo

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

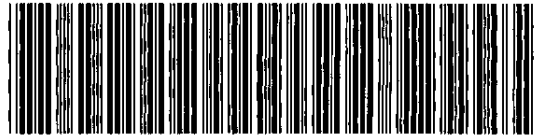
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



300123851723

04/17/08--01039--008 \*\*35.00

FILED  
08 APR 17 AM 11:16  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

D. BRUCE  
APR 17 2008  
EXAMINER

**DuBois  
& Bryant  
Campbell LLP**  
ATTORNEYS

(512) 381-8076 direct phone  
(512) 381-8077 direct fax  
email: [petie@dbcllp.com](mailto:petie@dbcllp.com)

700 Lavaca  
Suite 1300  
Austin, Texas 78701  
(512) 457-8000 phone  
(512) 457-8008 fax  
[www.dbcllp.com](http://www.dbcllp.com)

PAMELA M. ETIE, CLA  
Certified Paralegal

April 16, 2008

**VIA FEDERAL EXPRESS**

Department of State  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**FILED**  
08 APR 17 AM 11:16  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Re: 1-800-GloFish, LLC – Document No. M07000006566

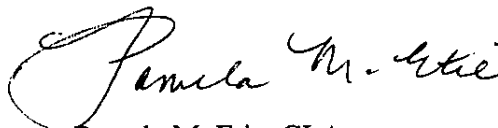
Dear Sir/Madam:

Enclosed are two copies of a Statement of Change of Registered office or Registered Agent or Both for Limited Liability Company to be filed on behalf of 1-800-GloFish, LLC and our firm check in the amount of \$35.00 in payment of your filing fees.

Please file the Statement of Change and return a file-stamped copy to me via Federal Express Account No. 1521-2723-5 for priority delivery.

Thank you for your assistance. If you have any questions, please call me at (512) 381-8076.

Very truly yours,



Pamela M. Etie, CLA  
Certified Paralegal

Enclosures

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

*Pursuant to the provisions of sections 608.416 or 608.508, 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. The name of the limited liability company is: 1-800-GloFish, LLC
2. The mailing address of the limited liability company is : 6500 Champlon Grandview, Suite 40210,  
Austin, TX 78750

- November 2, 2007 M07000008568
3. Date of filing/registration in Florida 4. Document number

5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

C T Corporation System  
Name  
1200 South Pine Island Road  
Address  
Plantation, FL 33324  
City, State and Zip

6. The name and address of the new registered agent and/or office:

Joseph Diaz  
Name  
6507 Bob Head Road  
Florida street address (P.O. Box NOT acceptable)  
Plant City FL 33565  
City, State and Zip

**FILED**  
08 APR 17 AM 11:16  
SECRETARY OF STATE  
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.

  
(Signature of a member or authorized representative of a member)

Joseph Diaz, Manager  
(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 608, 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**