

1100000000870

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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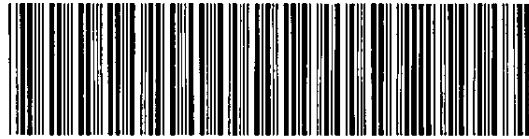
(Business Entity Name)

(Document Number)

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14 MAR 12 AM 10:49

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2014 MAR 12 AM 9:40  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MAR 13 2013

T. HAMPTON



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 048842 7626320

AUTHORIZATION

COST LIMIT : \$ 25.00

ORDER DATE : March 11, 2014

ORDER TIME : 4:09 PM

ORDER NO. : 048842-005

CUSTOMER NO: 7626320

CHANGE OF AGENT

NAME: FISH ON OF PALM BEACH, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_\_\_ CERTIFIED COPY  
XX PLAIN STAMPED COPY

CONTACT PERSON: Susie Knight

EXAMINER'S INITIALS: \_\_\_\_\_

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** FISH ON OF PALM BEACH, 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:

Heather Mortimer

\_\_\_\_\_  
Name of Person

c/o Laz Parking

\_\_\_\_\_  
Firm/Company

15 Lewis Street

\_\_\_\_\_  
Address

Hartford, CT 06103

\_\_\_\_\_  
City/State and Zip Code

hmortimer@lazparking.com

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

For further information concerning this matter, please call:

Glenn Terk, Esq.

at ( 860 )

522.7641 x7739

\_\_\_\_\_  
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

**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: FISH ON OF PALM BEACH, LLC

2. (a) C/O LAZ INVESTMENTS, LLC (b) C/O LAZ INVESTMENTS, LLC

Principal office address of limited liability company:

(Note: MUST BE STREET ADDRESS)

15 Lewis Street

Hartford, CT 06103

Mailing address of limited liability company:

(Note: MAY BE POST OFFICE BOX)

15 Lewis Street

Hartford, CT 06103

02/24/2010

M10000000870

3. Date of filing/registration in Florida

4. Document number

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

CT Corporation System

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

00 SOUTH PINE ISLAND ROAD

12 PLANTATION, FL 33324

FL

(b) Corporation Service Company

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

1201 Hayes Street

NEW Registered Office Address:

Tallahassee

FL 32301

FILED  
2014 MAR 12 AM 9:40  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

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.

Glenn Terk, Esq

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

Eric G. Knight

Assistant Vice President

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

FILING FEE: \$25.00