

110900003736

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

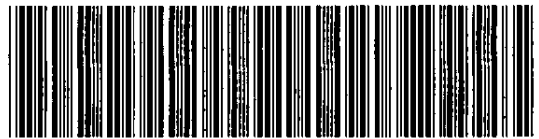
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Change  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2009 DEC 28 AM 10:22

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## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** BLUE CRAB FESTIVAL  
Name of Corporation

**DOCUMENT NUMBER:** N09000003736

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

RITA ARRINGTON  
Name of Contact Person

BLUE CRAB FESTIVAL  
Firm/Company

100 SEMINOLE CIRCLE  
Address

SAN MATEO, FL 32187  
City/State and Zip Code

FINS312@YAHOO.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

RITA ARRINGTON at ( 396 ) 937-1094  
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH  
FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of FLORIDA in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: BLUE CRAB FESTIVAL, INC
2. The principal office address: 100 SEMINOLE CIRCLE  
SAN MATEO, FL 32187
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 4-15-09 Document number: N09000003736

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

MARSHALL L FULGHUM

922 STATE ROAD 19 SOUTH

PALATKA, FL 32177

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

RITA ARRINGTON

100 SEMINOLE CIRCLE

P.O. Box NOT acceptable

SAN MATEO, FL 32187

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TALLAHASSEE, FLORIDA

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

  
Signature of an officer or director

RITA ARRINGTON  
Printed or typed name and title

*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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.*

  
Signature of Registered Agent

12-23-2009  
Date

If signing on behalf of an entity:

BLUE CRAB FESTIVAL  
Typed or Printed Name

\*\*\* FILING FEE: \$35.00 \*\*\*

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314  
CR2E045 (8/05)