

N18842

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

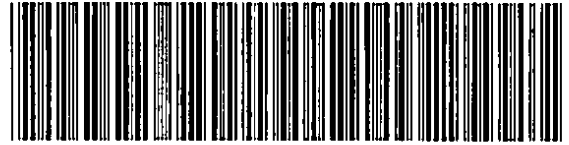
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A/R/C/H

DEC 21 2021

ALBRITTON

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Pine Island Fish, Inc.
Name of Corporation

DOCUMENT NUMBER: N 18842

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:

Jodee McCollum
Name of Contact Person

Pine Island FISH Inc.
Firm/Company

2424 8th Ave
Address

St James City, FL 33956
City/State and Zip Code

travelagentjodee@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jodee McCollum at (239) 462-1477
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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

2021 DEC 16 AM 8:21



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 22, 2021

JODEE MCCOLLUM
2424 8TH AVE
ST. JAMES CITY, FL 33956

SUBJECT: PINE ISLAND FISH, INC.
Ref. Number: N18842

We have received your document for PINE ISLAND FISH, INC. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Limited Liability Company, but your entity is a Non-Profit Corporation. Please complete and return the enclosed blank form(s).

The fee to file your document is \$35.

There is a balance due of \$10.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton
Regulatory Specialist III

Letter Number: 521A00028272

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: Pipe Island Fish Inc.
2. The principal office/address: 2424 8th Avenue
St. James City, FL 33956
3. The mailing address (if different): P.O. Box 357 Matlacha, FL 33993
4. Date of incorporation/qualification: 3.21.1994 Document number: N18842
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)

Mary Jo Roane
5812 Samoa Drive
Bokkeelia, FL 33922.

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

Jodee McCullum
2424 8th Avenue
St James City, FL 33956
P.O. Box, NOT acceptable

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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]
Signature of an officer or director

Cory Vaughan President
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]
Signature of Registered Agent

12.6.2021
Date

If signing on behalf of an entity:

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 (04/13)