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CORPORATION(S) NAME

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() Limited Partnership () Reinstatement	() Annual Report) Reservation	() Other () Change of Registered A	1-800-432-3028
() Certified Copy	() Photo Copies	() Certificate Under Seal	32-
() Call When Ready (Walk In	(() Will Wait) Call If Problem	() After 4:30 () Mail Out	3028
Name Availability Document			-	

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Verifier

Examiner Updater

Acknowledgment

W.P. Varifier

CR2E031 (R8-85)

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, the undersigned corporation organized under the laws of the State of FLORIDA 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 corporation: FISHING EXPORTS, INC.
2. The mailing address of the corporation: 5112 N.W. 79 AVE.
SUITE 304. MIANI, FLOPIDA 33166
3. Date of incorporation/qualification: 8128 00 Document number: P000008111
4. The name and address of the current registered agent and office:
WALTER MAES
1750 NE 191 ST. #118
N. MIAM BEACH, FC 33179 38 8
5. The name and address of the new registered agent (if changed) and/or registered office (iff changed): (P. O. Box Not Acceptable)
WALTER MAES
5112 NW 79 AUE. SUITE 304
MIAHI, FC 33166
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 charge was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board.
10127(Q)
(Signature of an officer, chairman or vice chairman of the board) (Date)
WALTER MAES PRESIDENT (Printed or typed name and title)
Having been named as registered agent and to accept service of process for the above stated corporation, 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.
(Signature of Registered Agent) WALTERMAES (Date)
(Typed or Printed Name) (Typed or Printed Name) (Capacity)