

PO0000102573

(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



400058517914

03/12/05--01090--011 *\$35.00

FILED
05 SEP 12 PM 1:51
TALLAHASSEE, FLORIDA

gy RA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: FISH BROTHERS OF TAMPA, INC
(Name of corporation)

DOCUMENT NUMBER: _____

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:

BRIAN FISH
(Name of contact person)

FISH BROTHERS OF TAMPA, INC
(Firm/Company)

14915 BRUCE B DOWNS BLVD
(Address)

TAMPA FL 33613
(City/state and zip code)

For further information concerning this matter, please call:

BRIAN FISH at (813) 866 0477
(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
409 E. Gaines Street
Tallahassee, FL 32399

**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: FISH BROTHERS OF TAMPA, INC
2. The principal office address: 14915 BRUCE B DOWNS BLVD
TAMPA FL 33613
3. The mailing address (if different): SAME AS ABOVE
4. Date of incorporation/qualification: 11/01/2001 Document number: P00000102573
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

AGLIANO, JOHN J
ONE TAMPA CITY CENTER, 201 N FRANKLIN ST
STE 2200 TAMPA FL 33602

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

BRIAN FISH
14915 BRUCE B DOWNS BLVD
(P.O. Box NOT acceptable)
TAMPA FL 33613

FILED
05 SEP 12 PM 1:51
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.

Brian Fish
(Signature of an officer or director)

BRIAN FISH OWNER
(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.

Brian Fish
(Signature of Registered Agent)

SEPTEMBER 7, 2005
(Date)

If signing on behalf of an entity:

Brian Fish
(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