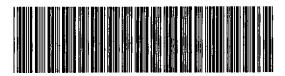
Checocooto

Left Coast Seafood Co 750 N US 41 Bypass — Venice, FL 34285
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
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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 in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: Left Coast Seafood Co.
2. The principal office address: 750 US 41 By pass N Venice, FL 34285
3. The mailing address (if different):
4. Date of incorporation/qualification: 1/1/2002 Document number: P02000 000 245
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)
Robert B. Arbuckle
3614 Casey Key Rd.
Nokomis, FL 34275
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Robert B. Arbuckle
750 N US 41 Bypass P.O. Box NOT abceptable
Venice, FL 3428S
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.
Marie Harbuckle, VP
I hereby accept the appointment as registered agent and agree to act in this capacity. Limither agree to comply with the provisions of all statutes relative to the proper and complete performance of my daties, 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 Date
If signing on behalf of an entity: Kopus Area CVL & Typed or Printed Name

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