## P02000125056

(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;						





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SECRETARY OF STA

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## **COVER LETTER**

TO:	Amendment Se Division of Cor	ction porations			
SUBJ	ECT:	JERRY'S FIS			
		(Name of C	orporation)		
DOC	UMENT NUMBI	ER: P020001	25056		
The e	nclosed Statement	of Change of Registered Office	e/Agent and fee are submitted for filing.		
		ondence concerning this matter			
	·	•	<u> </u>		
		KARIN R			
		(Name of Co	ntact Person)		
ROHRET & ASSOCIATES INC (Firm/Company)					
		(Fim/Co	ompany)		
		1301 SEMINOL	F BLVD C-128		
		(Add	ress)		
LARGO FL 33770					
		(City/State ar	nd Zip Code)		
For fu	rther information	concerning this matter, please of	eall:		
	KAR	IN ROHRET	at ( 727 ) 593-5953		
	(Name o	f Contact Person)	at ( 727 ) 593-5953 (Area Code & Daytime Telephone Number)		
Enclo	sed is a \$35.00 ch	eck made payable to the Depart	ment of State.		
		Mailing Address: Amendment Section	Street Address: Amendment Section		
		Division of Corporations P.O. Box 6327	Division of Corporations Clifton Building		
		Tallahassee, FL 32314	2661 Executive Center Circle		
		•	Tallahassee, FL 32301		

TO:

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

statement of chan	ge is submitted fo	or a corporation organ	•	508, Florida Statutes, this the State of FLORIDA the State of Florida.	
1. The name of the	e corporation:	JERRY'S FISHII	NG INC		
2. The principal o		13135 4TH ST E	=		
		MADEIRA BE	ACH FL 33708		
3. The mailing add	dress (if different	i):			<del></del>
4. Date of incorpo	oration/qualificati	ion: 04/18/2007	Document numb	per: P02000125056	
5. The name and s Florida Departr		he current registered a	gent and registered off	fice on file with the	
		AT YOUR S	ERVICE		
		1623 N HIGH	LAND AVE		
_		CLEARWATE	R FL 33755	O7 M SECRI	_
6. The name and s (if changed):	street address of t	he new registered ager	nt (if changed) and /or	registered offices	1 : 7
_	R	OHRET & ASS	OCIATES INC.	- F- C	)
_	1;	301 SEMINOLE		# 46 ORIDA	
		(P.O. Box NOT acceptable		ŕ	
The street addres as changed will be	s of its registered be identical.	d office and the street	address of the busine	ess office of its registered ager	ıt,
Such change was authorized by the	authorized by reboard, or the co	esolution duly adopte orporation has been no	d by its board of directified in writing of th	ctors or by an officer so se change.	
(Signature	of an officer or direct	tor)	THO P	MAS V SEIMS rtyped name and title)	_
I hereby accept the further agree to of my duties, and document is bein corporation has	he appointment of comply with the comply with the I am familiar was filed merely to both notified in the I am I a	as registered agent are provisions of all state ith and accept the object of the contract of t	nd agree to act in this tutes relative to the pr ligation of my position ne registered office ad	capacity. oper and complete performan n as registered agent. Or, if the dress, I hereby confirm that the	ice his he
(Sign	ature of Registered Ag			1/30/0/ /(Date)	-
If signing on beh	alf of an entity:		•	•	
ROHNE	T & ASSO	OCIATES I NO	C		

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