## P05000101157

| (Requestor's Name)                      |
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|   |
| (Address)                               |
|   |
| (444-22)                                |
| (Address)                               |
|   |
| (City/State/Zip/Phone #)                |
|   |
| PICK-UP WAIT MAIL                       |
|   |
| (Business Entity Name)                  |
| (Dusiness Entry Name)                   |
|   |
| (Document Number)                       |
|   |
| Certified Copies Certificates of Status |
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| <del></del>                             |
| Special Instructions to Filing Officer. |
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Office Use Only



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## **COVER LETTER**

TO:

Amendment Section Division of Corporations

| SUBJECT: Mobil Fish Inc                          |   |
|--|---|
| Name of Corporation                              |   |
| DOCUMENT NUMBER: P05000101157                    |   |
| The enclosed Statement of Change of Registere    | d Office/Agent and fee are submitted for filing.                      |
| Please return all correspondence concerning this | s matter to the following:  |
| Isabel Lago EA MSA                               |   |
| Name of Contact Person                           |   |
| Almirall Consulting Services Inc                 |   |
| Firm/Company                                     |   |
| 1445 Royal Palm Way                              |   |
| Address  |   |
| Hollywood FL 33020                               |   |
| City/State and Zip Code                          |   |
| isabellago@comeast.net                           |   |
| E-mail address: (to be used for future annua     | l report notification)  |
|  |   |
| For further information concerning this matter,  | please call:  |
| Isabel Lago                                      | at ( <sup>954</sup> ) 4833015<br>Area Code & Daytime Telephone Number |
| Name of Contact Person                           | Area Code & Daytime Telephone Number                                  |
| Enclosed is a \$35.00 check made payable to the  | Department of State.  |
| Mailing Address:                                 | Street Address:   |
| Amendment Section                                | Amendment Section   |
| Division of Corporations                         | Division of Corporations  |
| P.O. Box 6327                                    | The Centre of Tallahassee   |

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

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

| statement of cha   | orovisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this<br>age is submitted for a corporation organized under the laws of the State of Florida<br>r to change its registered office or registered agent, or both, in the State of Florida.  |
|--|--|
| 1. The name of t   | he corporation: MOBIL FISH INC   |
|  | office address: 6202 NW 38TH DRIVE   |
| 3. The mailing a   | ddress (if different):   |
| 4. Date of incorp  | poration/qualification: 07/19/2005 Document number: P05000101157   |
|  | street address of the current registered agent and registered office on file with the tment of State: (If resigned, enter resigned)  |
|  | FRANZ A LIMONGI  |
|  | 6202 NW 38TH DRIVE   |
|  | CORAL SPRINGS, FL 33067  |
| 6. The name and (if changed):  | street address of the new registered agent (if changed) and /or registered office  |
|  | DANIELA CORRAL   |
|  | 6202 NW 38TH DRIVE   |
|  | CORAL SPRINGS, FL 33067  |
| The street addre   | ess of its registered office and the street address of the business office. Office registered agent, be identical.   |
|  | is authorized by resolution duly adopted by its board of directors or by an officer so<br>be board, or the corporation has been notified in writing of the change.   |
|  | DANIELA CORRAL, DIRECTOR Printed or typed name and title   |
| I hereby accept<br>I further agree to<br>of my duties, an<br>document is bei | the appointment as registered agent and agree to act in this capacity. To comply with the provisions of all statutes relative to the proper and complete performance of I am familiar with and accept the obligation of my position as registered agent. Or, if this ng filed merely to reflect a change in the registered office address. I hereby confirm that the speen notified in writing of this change. |
| Dan  | iela Corral  9/27/24  Date   |
| If signing on be   | half of an entity:   |
| Daniel   | yped or Printed Name   |

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