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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

34,20

COVER LETTER

TO: Amendment Section Division of Corporations					
SUBJECT: Singleton Fisheries, Inc. (Name of Corporation)					
DOCUMENT NUMBER: POGC	00036886				
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:					
Dennis A. Reaves					
(Name of Contact Person)					
S					
Singleton Fisheries, Inc. (Firm/Company)					
1804 Turkey C	reek				
(Address)					
Plant City, FL 33566 (City/State and Zip Code)					
For further information concerning this matter, please call:					
	813) 750-1850 Area Code & Daytime Telephone Number)				
(comme de comme, reson)	Tea code & Bay ame Telephone (vamoer)				
Enclosed is a \$35.00 check made payable to the Department of	State.				
Mailing Address: Amendment Section	Street Address: Amendment Section				
Division of Corporations	Division of Corporations				
P.O. Box 6327	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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida S statement of change is submitted for a corporation organized under the laws of the State of F in order to change its registered office or registered agent, or both, in the State of Fl	<u>lorida</u>	his ——	
The name of the corporation: Singleton Fisheries, Inc.			
2. The principal office address: 1804 Turkey Creek Road, Plant City, FL 33566			
3. The mailing address (if different):			
4. Date of incorporation/qualification: <u>03/13/2006</u> Document number: <u>Paeoo</u>	0031	<u>088</u>	9
5. The name and street address of the current registered agent and registered office on file with Florida Department of State: (If resigned, enter resigned)	h the		
Corporate Creations Network, Inc.	ALLA	OB DEC	n un tighting
11380 Prosperity Farms Road, #221E	ETAR	EC 24	encents
Palm Beach Gardens, FL 33410	Y 07	A	
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):	STATE LORID	9:08	**************************************
Dennis A. Reaves	∮≯ •		•
(P.O. Box NOT acceptable)	-	,	
Plant City, FL 33566			
The street address of its registered office and the street address of the business office of its as changed will be identical.	register	ed age	nt,
Such change was authorized by resolution duly adopted by its board of directors or by an authorized by the board, or the corporation has been notified in writing of the change.	officer s	0	
(Signature of an officer or director) (Printed or typed name and to	Ming Shin Kou (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 com of my duties, and I am familiar with and accept the obligation of my position as registered document is being filed merely to reflect a change in the registered office address, I hereb corporation has been notified in writing of this change.	plete pei l agent. y confiri	rforma Or, if n that	nce this the
Signaturo of Legistered Agent) 12/16/200	8		
If signing on behalf of an entity:	•		
(Typed or Printed Name)	-		

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