

P060000 86861

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

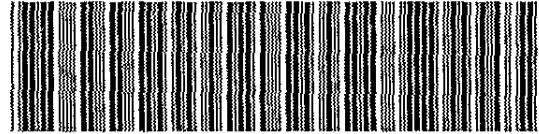
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



300081450103

11/06/06--01013--009 \*\*35.00

FILED  
06 NOV -6 AM 11:12  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

79

g RA  
Chang

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** No More Dead Fish Inc.  
(Name of Corporation)

**DOCUMENT NUMBER:** P 0600086861

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:

Melissa Going  
(Name of Contact Person)

No More Dead Fish  
(Firm/Company)

P O Box 1305  
(Address)

Mango FL 33550-1305  
(City/State and Zip Code)

For further information concerning this matter, please call:

Melissa Going at (813) 298-4250  
(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  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**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: No More Dead Fish Inc.
2. The principal office address: 6418 E. 23rd Ave.  
Tampa FL 33619-1620
3. The mailing address (if different): P.O. Box 1305  
Mango FL 33550-1305
4. Date of incorporation/qualification: 6/27/06 Document number: 706000086861
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Melissa R. Going  
1906 N. 42nd St.  
Tampa FL 33605

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

Melissa R. Going  
6418 E. 23rd Ave.  
(P.O. Box NOT acceptable)  
Tampa FL 33619-1620

CLERK OF STATE  
TALLAHASSEE, FLORIDA

06 NOV - 6 AM 11:12

FILED

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.

Melissa Going  
(Signature of an officer or director)

Melissa Going, Pres.  
(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.

Melissa Going  
(Signature of Registered Agent)

11/3/06  
(Date)

If signing on behalf of an entity:

\_\_\_\_\_  
(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

CR2E045 (8/05)

Please change the physical address on the officers as well.