

PO6000130757

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

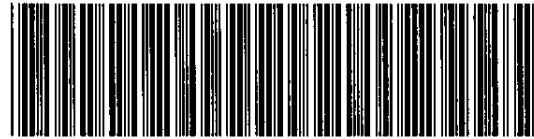
(Business Entity Name)

(Document Number)

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T. ROBERTS

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: ABC SEAFOOD DISTRIBUTORS

Name of Corporation

DOCUMENT NUMBER: P06000130757

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:

Graciela Palacios

Name of Contact Person

ABC SEAFOOD DISTRIBUTORS

Firm/Company

1301 NW 89th CT Suite 217

Address

Miami, FL 33172

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Graciela Palacios

Name of Contact Person

at (305) 4189674

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: ABC SEAFOOD DISTRIBUTORS INC.
2. The principal office address: 1301 NW 89th CT SUITE 217 MIAMI, FL 33172

3. The mailing address (if different): PO BOX 227036 MIAMI, FL 33222

4. Date of incorporation/qualification: 10/12/2006 Document number: P06000130757

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)

Graciela Palacios

10205 SW 144 CT

MIAMI, FL 33186

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

Graciela Palacios

1301 NW 89th CT Ste 217

P.O. Box NOT acceptable

Miami, FL 33172

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.

Graciela Palacios
Signature of an officer or director

Graciela Palacios

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.

Graciela Palacios
Signature of Registered Agent

9/17/2012

Date

If signing on behalf of an entity:

Graciela Palacios

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 (03/12)