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| Special Instructions to Filing Officer: | | | | | | |
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C. GOLDEN JUL 2 5 2017

COVER LETTER

TO:

Amendment Section Division of Corporations

SUBJECT: Somethings Fishy Enterprises, INC

Name of Corporation

DOCUMENT NUMBER:

P09000073865

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:

Kamal Rahaman

Name of Contact Person

Somethings Fishy Enterprises, INC

Firm/Company

11730 Biscayne Blvd Suite 103

Address

North Miami, FL 33181

City/State and Zip Code

Sonnykr@hotmail.com

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

For further information concerning this matter, please call:

Kamal Rahaman

.,786

266-3474

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

| in order to | e is submitted for a corporation organ o change its registered office or registe | ered agent, or both, in the State of Flo | | | |
|---|--|--|--------------------|--|--|
| 1. The name of the corporation: Somethings Fishy Enterprises, INC | | | | | |
| 2. The principal of North Miam | fice address: 11730 Biscayne B i, FL 33181 | llvd Suite 103 | | | |
| 3. The mailing add | ress (if different): | | | | |
| 4. Date of incorpor | ation/qualification: | Document number: P09000 | 073865 | | |
| 5. The name and st | reet address of the current registered a ent of State: (If resigned, enter resigne | 99 gent and registered office on file with | | | |
| • | aizool Rahaman (resigned) | | 2017 | | |
| 1 | 1730 Biscayne Blvd Suite 1 | 03 | FIL 2017 JUL 21 | | |
| <u>N</u> | orth Miami, FL 33181 | S. | TLED | | |
| 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): | | | | | |
| <u>K</u> | amal Rahaman | · | | | |
| 11730 Biscayne Blvd Suite 103 | | | | | |
| <u>N</u> | P.O. Box NOT acceptable North Miami, FL 33181 | | | | |
| The street address as changed will be | of its registered office and the street a | address of the business office of its r | egistered agent. | | |
| Such change was a suthorized by the b | outhorized by resolution duly adopted poard, or the corporation has been not | by its board of directors or by an off ified in writing of the change. | ficer so | | |
| Kanll Signature o | I an officer or director | Kamal Rahaman Officer | | | |
| further agree to c performance of my agent. Or, if this a | e appointment as registered agent and comply with the provisions of all statu duties, and I am familiar with and a locument is being filed merely to refle at the corporation has been notified in | ites relative to the proper and compl scept the obligation of my position a sect a change in the registered office o | s registered | | |
| Kanl | Rah- | 07/17/2017 | | | |
| Signatu f signing on behal | re of Registered Agent f of an entity: | Date | | | |
| ······································ | Confidence of Name | | | | |
| Турес | or Printed Name | E: \$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)