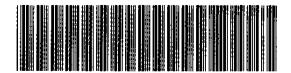
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(Req	uestor's Name)	
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COVER LETTER

TO: Amendment Section Division of Corporations	•
SUBJECT: Foy's Seafor	ood Inc.
Name of C	Corporation
DOCUMENT NUMBER: P10	000103428
The enclosed Statement of Change of Registered Offic	e/Agent and fee are submitted for filing.
Please return all correspondence concerning this matte	r to the following:
,	-
Jorda	n Foy
Name of Co	ntact Person
	afood Inc.
Firm/Co	ompany
COOC A 4.	and Other at
	ms Street
, 100	
lupiter/Flo	rida 33458
City/State at	rida 33458 nd Zip Code
	~ "
foysseafood(ggmail.com uture annual report notification)
E-man address. (to be asea for i	active aimati report notification)
For further information concerning this matter, please	onll-
For further information concerning this matter, please	Lan.
Jordan Foy	at (305) 434-5657 Area Code & Daytime Telephone Number
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a \$35.00 check made payable to the Depar	tment of State.
Mailing Address: Amendment Section Division of Corporations	Street Address: Amendment Section Division of Corporations
Division of Corporations P.O. Box 6327	Division of Corporations Clifton Building
Tallahassee, FL 32314	2661 Executive Center Circle Tallahassee, FL 32301

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

statement of ch	ange is submitted for a co	rporation organiz	607.1508, or 617.1508, Flood ander the laws of the Sta and agent, or both, in the Sta	ate of Florida			
1. The name of	the corporation: Foy's	Seafood, Inc					
2. The principal Medley, F	office address: <u>7341 N</u> L 33166	W 79th Terrac	e ·	· 			
3. The mailing a	address (if different): 602	26 Adams St.	Jupiter, FL 33458				
4. Date of incorporation/qualification: 12/27/10 Document number:				P10000	P10000103428		
	d street address of the current of State: (If resign		ent and registered office on	file with the			
	Corporation Service	e Company					
	1201 Hays Street				wi	~,	
	Tallahassee, FL 32	301		***************************************			
6. The name and (if changed):			(if changed) and /or register	red office SECR	2811 SEP	70	
	Thomas D. Alfano,	CPA, P.A.		HAS			
	7800 Red Road, St				9	m	
	South Miami, Florid	P.O. Box NOTa a 33143		F STA	PM 12:	\Box	
The street address changed will	ess of its registered office be identical.	e and the street ac	ldress of the business offic	æ of its r e giste	red age	ent,	
Such change wa	as authorized by resolutine board, or the corporat	on duly adopted b	by its board of directors or fied in writing of the chang	by an officer s	ю		
Signatu	re of an officer or director	/		President			
I hereby accept I further agree to of my duties, an document is bei corporation has	the appointment as regi to comply with the provis d I am familiar with and ng filed merely to reflect s been notified in writing	stered agent and sions of all statute accept the oblige t a change in the of this change.	agree to act in this capacit es relative to the proper an ation of my position as reg registered office address, I	ty. id complete pe istered agent. hereby confir	rforma Or, if m that	nce this the	
	2 0. 0		9/5/2011				
_	nature of Registered Agent		Date			_	
 1	half of an entity:						
/ <u>¼</u>	emas D. Alfano						

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