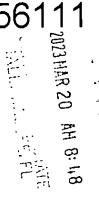
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(Requestor's Name)	
(Address)	
,	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(D.) (F.) (A.)	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
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Ch 3/20/2023

COVER LETTER

" TO:

TO: Amendment Section Division of Corporations		
SUBJECT: Louisiana Crawfish (and Shorfood inc	
DOCUMENT NUMBER: PHODO 10151	3	
The enclosed Statement of Change of Registered Office	e/Agent and fee are submitted for filing.	
Please return all correspondence concerning this matte	r to the following:	
Thu Noan Nougen Name of Contact Person Locusona Craifkh and Syafoa Firm/Company	d,iri	
1 mir Company		
Address		
Address Panyawa, FL, 32504 City/State and Zip Code		
E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
Name of Contact Person	at (407) 403~3070 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 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810	
	Tallahassee, FL 32303	

CR2E045 (04/13)

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
1. The name of the corporation: Louisiana Crawfish and Stata, in
2. The principal office address: 9737 (ryighton Read
Parsarola, FL 3:2504
3. The mailing address (if different):
4. Date of incorporation/qualification: 3/2/23 11/28/11 Document number: PHOCGIG 1513
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)
Snaila Lyonard Grace Cheroce
937 Craighton Road
Pansarda, FL 32504
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Thu Wgan Nguyin Fi & Fi & Fi &
P.O. Box NOT acceptable
Panyalda, FL 32804
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.
Thu NSan Nguyen 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 performanc 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.
Signature of Registered Agent 3 G Z 3 Date
If signing on behalf of an entity:
Thu Arejon Wegan
* * * 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 (04/13)