Placoolou83

(Re	equestor's Name)	
(Ad	ldress)	
· (Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAΠ	MAIL
(Bu	usiness Entity Nar	ne)
(Document Number)		
Certified Copies	_ Certificates	s of Status
Special Instructions to Filing Officer:		

Office Use Only



800313309318

05/17/18: -010)1--002 **35.00

2010 MAY 17 PH 4: 13
SECRETARY OF STATE
FALL-AMASSEF, FLORID.

C GOLDEN

COVER LETTER

Division of Corporations			
SUBJECT: PARROT FISH GPILLE INC. Name of Corporation			
DOCUMENT NUMBER: P12 00 00 10683			
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:			
ERKA C. None Z. Name of Contact Person			
Parrot Roh Girle Inc.			
2043 Placycla Rd. Address			
E-mail address: (to be used for future annual report notification)			
E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
Name of Contact Person at (100) 218-2009 Area Code & Daytime Telephone Number			
Enclosed is a \$35.00 check made payable to the Department of State.			
Mailing Address: Amendment Section Street Address: Amendment Section			

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Clifton Building

CR2E045 (03/12)

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

statement of change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: PARROT FISH GRILL & INC.
2. The principal office address: 2639 PLACIDA POAD
ENGLEWOOD FL 34224
3. The mailing address (if different): (SAME >
4. Date of incorporation/qualification: 2 12/2012 Document number: P12 bod 10683
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)
DAVID R. WEAN
DAVID R. WEAN 2643 PLACIDA ROAD ENGLEWOOD FL 34224
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
triha C. Nunez
P.O. Box NOT acceptable
Englewood FL 34234
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.
Signature of an officer or director Frinted 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.
Signature of Registered Agent 5 2 18 Date
If signing on behalf of an entity:
Typed or Printed Name

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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