

P12000091015

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

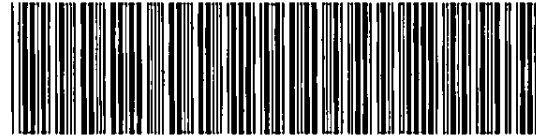
(Document Number)

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 24, 2017

SEAN HEVERIN
FISH MAFIA INC
472 ASHLAWN DRIVE
HARAHAN, LA 70123

SUBJECT: FISH MAFIA INC
Ref. Number: P12000091015

We have received your document for FISH MAFIA INC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The person designated as registered agent in the document and the person signing as registered agent must be the same.

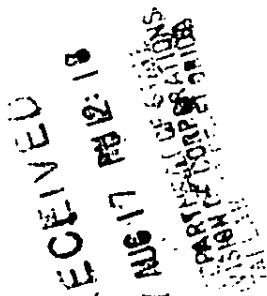
NEW REGISTERED NAME MUST BE LISTED IN #6

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Shelia H Young
Regulatory Specialist II

Letter Number: 617A00014860



COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Fish Mafia Inc
Name of Corporation

DOCUMENT NUMBER: P12000091015

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:

Sean Heverin
Name of Contact Person

Fish Mafia Inc
Firm/Company

~~168~~ 472 Ashlawn Dr
Address

Harahan, LA 70123
City/State and Zip Code

Seanhev77@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sean Heverin at (302) 562 1318
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

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: Fish Mafia Inc
2. The principal office address: 472 Ashlawn Dr Harahan, LA 70123
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 11/08/2012 Document number: P12000091015
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)

Sean Heverin
2205 Walosi Way, Unit 303
Panama City Beach, FL 32408

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

Brenda Heverin
13843 Heron's Landing Way, Unit 3
Jacksonville, FL 32224
P.O. Box NOT acceptable

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]
Signature of an officer or director

Sean Heverin / President
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.

Brenda Heverin
Signature of Registered Agent

6/29/17
Date

If signing on behalf of an entity:

Brenda Heverin
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