## P13000013579

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## **COVER LETTER**

Division of Corporations			
SUBJECT: Tilapia Farmees Corporation  Name of Corporation			
DOCUMENT NUMBER: P13000013579			
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:			
· · · · · · · · · · · · · · · · · · ·			
JOSE F. BGO  Name of Contact Person			
Firm/Company			
16401 SW 170 AVE Address			
Address			
Miami, Fl. 33186 City/State and Zip Code			
E-mailaddress: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
1050 E BOO 305 333-9738			
JOSE F. BQO  Name of Contact Person  at (305) 333-9338  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: TILAPIA FARMES Corporation.  2. The principal office address: 14505 SW 260 FT Homestead, R 33032
2. The principal office address: 14505 SW 260 T Homestead, R 33032
3. The mailing address (if different):
4. Date of incorporation/qualification: $\frac{2/8}{3013}$ Document number: $\frac{P13000013579}{13000013579}$
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)
JOSE F. Buo
14505 SW 260 ST
Homestead, Pl 33032
14505 SW 260 ST  Homestead, PC 33032  6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
16401 SW 170 ALE
miani, R 33186
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 of an officer or director  Tose F. Bao Director  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.
Signature of Registered Agent  Signature of Registered Agent  Date
Signature of Registered Agent 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 \* \* \*