

P13 0000 77011

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

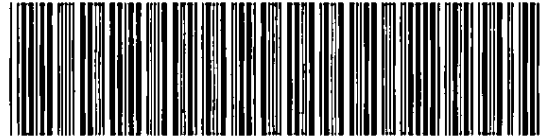
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



300368250963

*RO change*

06/21/21--01020--012 \*\*25.00

FILED

2021 AUG -3 AM 9:53

SECRETARY OF STATE  
FBI/ARRESTIVE

AUG 05 2021  
A RAMSEY

*\*00789, 06342, 00671*



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 20, 2021

CATHERINE MORRA  
PROFISH INC  
4898 NW 16TH AVE  
BOCA RATON, FL 33431 US

SUBJECT: PROFISH INC  
Ref. Number: P13000077011

We have received your document for PROFISH INC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The above entity is a Florida corporation and the document and fee submitted are for a Florida limited liability company. The correct form is enclosed and an additional filing fee of \$10.00 is due.

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) 245-6823.

Annette Ramsey  
OPS

Letter Number: 721A00016721

# Amendments

[www.sunbiz.org](http://www.sunbiz.org)

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314

2021 AUG -3 PM 4:30

RECEIVED

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: Protish inc  
Name of Corporation

DOCUMENT NUMBER: P 13000077011

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:

Catherine MORRA  
Name of Contact Person

Protish inc  
Firm/Company

4898 NW 16th Avenue  
Address

Boca Raton FL 33431  
City/State and Zip Code

Catherinemorra FL@aol.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Catherine MORRA at ( 561 ) 3010843  
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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**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 \_\_\_\_\_ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Protish inc
2. The principal office address: 4898 NW 16th Avenue  
Boca Raton FL 33431
3. The mailing address (if different): Same
4. Date of incorporation/qualification: 09/18/2013 Document number: P 13000077011
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)

Catherine MORRA  
103 Via Poinciana Street  
Boca Raton FL 33487

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

Catherine MORRA  
4898 NW 16th Avenue  
Boca Raton FL 33431

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.

C Mem  
Signature of an officer or director

Catherine MORRA  
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.

C Mem  
Signature of Registered Agent

7-29-2021  
Date

If signing on behalf of an entity:

\_\_\_\_\_  
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

CR2E045 (04/13)

FILED  
2021 AUG -3 AM 9:53  
SECRETARY OF STATE  
TALLAHASSEE, FL