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## **COVER LETTER**

TO:

Amendment Section **Division of Corporations** 

SUBJECT: FISH MIAMI INC

Name of Corporation

DOCUMENT NUMBER: P13000094726

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:

Michael Suro

Name of Contact Person

FISH MIAMI INC

Firm/Company

2071 SW 70th Ave, G-20

Davie, FL 33317

City/State and Zip Code

Msuro2288@hotmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michael Suro

Name of Contact Person

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

statement of cha	ange is submitted for a corporation organized under the laws of the State of Florida  er to change its registered office or registered agent, or both, in the State of Florida.	
	the corporation: FISH MIAMI INC	
2. The principal Davie, FL	l office address: 2071 SW 70th Ave, G-20	
3. The mailing a	address (if different):	
4. Date of incorp	rporation/qualification: 11/21/2013 Document number: P13000094726	
	d street address of the current registered agent and registered office on file with the urtment of State: (If resigned, enter resigned)	
	2011 SW 70TH AVE #620	
	DAVIE, FL 33317	
	TALL	
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registered office	ra 27
	2071 SW 70th Ave , G-20	PH
	Davie, FL 33317	2: US
	P.O. Box NOT acceptable	٠
The street addre	ress of its registered office and the street address of the business office of its registered agent, I be identical.	
Such change wa authorized by th	as authorized by resolution duly adopted by its board of directors or by an officer so he board, or the corporation has been notified in writing of the change.	
Michael	Michael Suro PD  Printed or typed name and title	
I hereby accept I further agree to performance of agent. Or, if the	t the appointment as registered agent and agree to act in this capacity. to comply with the provisions of all statutes relative to the proper and complete f my duties, and I am familiar with and accept the obligation of my position as registered its document is being filed merely to reflect a change in the registered office address, I that the corporation has been notified in writing of this change.	
Michael	2 Suro 02/24/2015	
Sigi	gnature of Registered Agent Date	
	ehalf of an entity:	
Michael Sui	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 (03/12)