

P16000011378

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

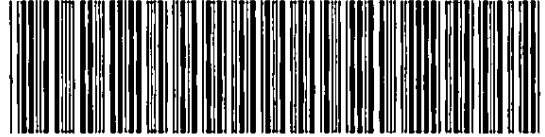
(Business Entity Name)

(Document Number)

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2018 NOV 15 PM 3:26

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: SHRIMPERS SEAFOOD MARKET INC.
Name of Corporation

DOCUMENT NUMBER: P16000011378

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:

DONALD WISEL
Name of Contact Person

SHRIMPERS SEAFOOD MARKET INC
Firm/Company

4444 HIGHWAY 98 WEST
Address

SANTA ROSA BCH. FL. 32459
City/State and Zip Code

WISEL805@PAHOO.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DONALD WISEL at (850) 267-1159
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

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2018 NOV 15 AM 11:20

SECRETARY OF STATE
TALLAHASSEE, FL

2018 NOV 15 PM 3:36

**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: SHRIMPERS SEAFOOD MARKET
2. The principal office address: 4444 HIGHWAY 98 WEST
SANTA ROSA BEACH FL. 32457
3. The mailing address (if different): SAME

4. Date of incorporation/qualification: 2/3/2016 Document number: P1600001378

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)

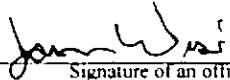
WYROUGH, WILLIAM E. SR
30 SOUTH SHORE DR.
MIRAMAR BEACH FL. 32550

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

JASON WISEN
4444 HIGHWAY 98 WEST
P.O. Box NOT acceptable
SANTA ROSA BCH. FL. 32459

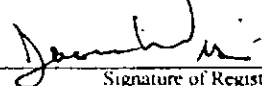
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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

JASON WISEN
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

11/13/2018
Date

If signing on behalf of an entity:

JASON WISEN
Typed or Printed Name

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