P16000082512

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT	MAIL			
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Sta	atus			
Special Instructions to Filing Officer:				





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06/20/23--01008--011 **220.00

LLAHASSEE, FLORIOA

COVER LETTER

TO:	Amendment Section Division of Corporations	
	ECT: LUCKY FISH INC of Corporation	
DOCL	JMENT NUMBER: P16000082512	
The en	closed Statement of Change of Registere	ed Office/Agent and fee are submitted for filing.
Please	return all correspondence concerning thi	is matter to the following:
CHRIS	S MOUTOS	
	of Contact Person Y FISH INC	
	Ompany HAPEL HILL RD	
Addres RALEI	s GH NC 27607	
City/St	ate and Zip Code	
13	CMOUTOS@LMREST.COI	
E-maii	address: (to be used for future annua	if report notification)
For fun	ther information concerning this matter, j	please call:
CHRIS	MOUTOS	at (919) 8510858
	Name of Contact Person	at (919) 8510858 Area Code & Daytime Telephone Number
Enclose	ed is a \$35.00 check made payable to the	Department of State.
	Mailing Address: Amendment Section	Street Address: Amendment Section
	Division of Corporations	Division of Corporations
	P.O. Box 6327	The Centre of Tallahassee
	Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

CR2E045 (04/13)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of ch	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florid ange is submitted for a corporation organized under the laws of the State er to change its registered office or registered agent, or both, in the State o	of FLOR			
1. The name of	the corporation: LUCKY FISH INC.				
	l office address: 6510 CHAPEL HILL RD			<u> </u>	
RALEIGH NC 2					
3. The mailing a	address (if different): SAME				
4. Date of incorp	poration/qualification: 03/28/2018 Document number: P16000)082512	··		
5. The name and	d street address of the current registered agent and registered office on file ritment of State: (If resigned, enter resigned)				
6. The name and (if changed):	ILIAS L MOSHAKOS				
	704 N OCEAN BLVD APT 602				
	POMPANO BEACH FL 33062	A	202		
	I street address of the new registered agent (if changed) and /or registered of PiU BALOCCO & ABRIL, C/O JOSEPH BALOCCO JR.	MASSEE, F	2023 JUN 20 PM	FILE	
	4332 EAST TRADEWINDS AVENE	15.			
	P.O. Box NOT acceptable LAUDERDALE BY THE SEA, FL 33308	一 RIDA	36		
The street addre	ess of its registered office and the street address of the business office of be identical.	its registe	red ago	ent,	
Such change wa authorized by th	is authorized by resolution duly adopted by its board of directors or by an ic board, or the corporation has been notified in writing of the change.	n officer s	ю		
Ch	CHRIS MOUTOS, CORPORAT	E AFFAIR	₹S		
I haraby accent	Printed or typed name and the appointment as registered agent and agree to act in this capacity. The comply with the provisions of all statutes relative to the proper and confident with and accept the obligation of my position as register filed merely to reflect a change in the registered office address, I here been notified in writing of this change.		erforme Or, if irm tha	ance this the	
	100 (6-14-10)		 		
If signing on bel	The state of the s				
Ту	ped or Printed Name				

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