

PIA 000066827

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

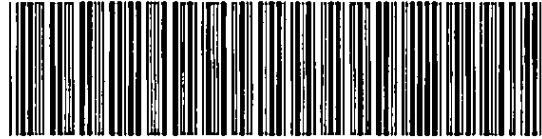
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Re change

06/21/21--01020--016 **25.00

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2021 AUG -3 AM 9:33

SECRETARY OF STATE
MASSACHUSETTS

AUG 05 2021
A RAMSEY

X00789, 06342, 00671

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Bee Gee Atlantic Seafood
Name of Corporation

DOCUMENT NUMBER: P 19000066827

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:

Jean Claude MORBA
Name of Contact Person

Bee Gee Atlantic Seafood INC
Firm/Company

4898 NW 16th Avenue
Address

Boca Raton FL 33431
City/State and Zip Code

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

For further information concerning this matter, please call:

Catherine MORBA at (561) 301 0843
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



RECEIVED

2021 AUG -3 PM 12:16

FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 20, 2021

JEAN CLAUDE MORRA
BEE GEE ATLANTIC SEAFOOD
4898 NW 16TH AVE
BOCA RATON, FL 33431 US

SUBJECT: BEE GEE ATLANTIC SEAFOOD, INC.
Ref. Number: P19000066827

We have received your document for BEE GEE ATLANTIC SEAFOOD, 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: 621A00016708

**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: Bee Gee Atlantic Seafood 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: 08/20/2019 Document number: P19000066827
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)

Jean Claude 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):

Jean Claude 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.

[Signature]
Signature of an officer or director

Jean Claude 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.

[Signature]
Signature of Registered Agent

07-28-2021
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)

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SECRETARY OF STATE
TALLAHASSEE, FL