P2100064569

	(Requestor's Name)
	(Address)
	(Address)
	(City/State/Zip/Phone #)
PICK-UP	
	(Business Entity Name)
······································	
	(Document Number)
Certified Copies	Certificates of Status
Special Instructions to	o Filing Officer
	o hing oneer.
L	

600381364996

Office Use Only

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

1.

.

.

\$

	ACCOUNT NO. :	I2000000195
	REFERENCE :	490647. 8368885
	AUTHORIZATION :	The second and
	COST LIMIT :	
ORDER DATE :	February 16, 2022	
ORDER TIME :	2:38 PM	
ORDER NO. :	490647-005	
CUSTOMER NO:	8368885	
- 		

CHANGE OF AGENT

NAME: BAHAMAS OCEAN FISHERIES INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPYXXPLAIN STAMPED COPY

CONTACT PERSON: Eyliena Baker -- EXT#

EXAMINER:

1

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

I. The name of the corporation: BAHAMAS OCEAN FISHERIES INC.

2. The principal office address: <u>1322 NW</u> 78TH AVE 5218ME DORAL, FL 33191

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 07/14/2021 Document number: P21000064569

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)

	REGISTERED AGENTS INC.	- .	2022
	7901 4TH ST N STE 300		
	ST. PETERSBURG, FL 33702		91-9
6. The name and (if changed):	street address of the new registered agent (if changed) and /or registered offi	ce	
	Corporation Service Company		сл т
	1201 Hays Street		

P.O. Box: NO Facceptable Tallahassee FL 32301

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.

Lewis Thompson President 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. Thereby confirm that the corporation has been notified in writing of this change.

Corporation Service Company

By: Drace 2-Kuby

2/16/2022

Date

Signature of Registered Agent Grace E. Kirby, Asst. Vice President 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)