Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : CORPORATION SERVICE COMPANY

Account Number: I2000000195 Phone : (850)521-1000 Fax Number : (850)558-1515

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

REGISTERED AGENT CHANGE PHILLIPS SEAFOOD, INC.

Certificate of Status	0
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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of change is submitted for a coi in order to change its registered	rporation organized	l under the laws of the State	of Florida
1. The name of the corporation: Phillip	s Seafood, Ir	1 <u>C</u> .	,
2. The principal office address: 1225 Bo	elvedere Road		
	alm Beach, FL	33405	
3. The mailing address (if different): 121	5 E. Fort Avenu	ne	
Ва	ltimore, MD 212	230	
4. Date of incorporation/qualification:	Nov. 9, 1994	Document number:	P94000082207
5. The name and street address of the cur Florida Department of State: (If resigne		t and registered office on fil	e with the
Richard G. Cherry			
4400 PGA Blvd., A	dmiralty Ctr., Su	uite 900	
Palm Beach Garde	ns, FL 33410		
6. The name and street address of the new (if changed):	/ registered agent (i	f changed) and /or registered	d office
Corporation Service	e Company		
1201 Hays Street			
	P.O. Box NOT acc	epuble	
Tallahassee, FL 32	301		
The street address of its registered office as changed will be identical.	e and the street add	lress of the business office	of its registered agent,
Such change was authorized by resoluti authorized by the board, or the corporat	on duly adopted by ion has been notifi	vits board of directors or bed in writing of the change	y an officer so
April MKirily Signature of an intriceyor director		Paul J. McKrale	y - director
I hereby accept the appointment as regi I further agree to comply with the provi of my duties, and I am familiar with and document is being filed merely to reflec corporation has been notified in writing	stered agent and a sions of all statutes l accept the obliga t a change in the re t of this change.	gree to act in this capacity, i relative to the proper and iton of my position as regis gistered office address, I h	complete performance stered agent. Or, if this sereby confirm that the
Eliphoret Die		November 21, 2	2011
Signature of Registered Agent		Date	
If signing on behalf of an entity:			
Typed or Printed Name	 _		
Asst. Vice President		DA DEPARTMENT OF STATE	