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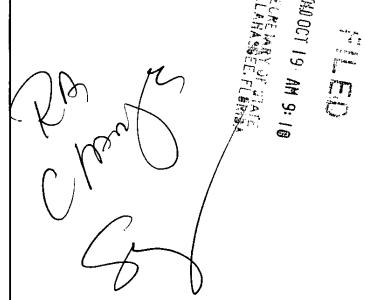


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COVER LETTER

Division of Corporations
SUBJECT: Sams ST. Johns SEAFOOD RESTAURANT #5 INC. Name of Corporation
DOCUMENT NUMBER: P 97 0000 266 79
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:
Sam Basaua Name of Contact Person
RESTAVEAUT SOLUTIONS Firm/Company
831N. Parmetto AVE Address
GREEN Cove Spaings, FL 32043 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Michael Scaelaoush at (904) 2844933 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

TO:

Amendment Section

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 Statutes.
in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: Sams ST. JOHNS SEAFOOD RESTAURANT #5 INC
2. The principal office address: 17860 SE 109 TH AVE #614
Summee field, FL 3449/
3. The mailing address (if different): 831 N. PALMETTO AVE
4. Date of incorporation/qualification: 3/25/97 Document number: P970000 26679
4. Date of incorporation/qualification: 3/28/97 Document number: P970000 26679
 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)
AKEL, DANIEL D
ONE INDEPENDANT DE SVITE 230/ TACKSON VILLE, FL 32202 6. The name and street address of the new registered agent (if changed) and /or registered office
TACKSONVILLE, FL 32202
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
J. Stanloy Chapman - Equeus Law Frem 660 E JEFFERSON ST. P.O. Box NOT acceptable
PO Box NOT acceptable
TALLAHASSEE FZ 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.
Sam Brones TR - President Signature of appetition of director Printed or typed name and fille
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 Date
If signing on behalf of an entity:
Typed or Printed Name