## P97000079447

| (Re                     | equestor's Name)   |                 |
|-------------------------|--------------------|-----------------|
| (Ad                     | dress)             |                 |
| . (Ad                   | dress)             |                 |
| . (Cit                  | ry/State/Zip/Phone | <del>= #)</del> |
| PICK-UP                 | ☐ WAIT             | MAIL            |
| (Bu                     | siness Entity Nan  | ne)             |
| (Do                     | cument Number)     |                 |
| Certified Copies        | _ Certificates     | of Status       |
| Special Instructions to | Filing Officer:    |                 |
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## **COVER LETTER**

| TO:  | Amendment Section Division of Corporations   |                          |  |  |  |  |  |
|--|--|--------------------------|--|--|--|--|--|
| SUBJI  | ECT: Cedar River Seafood of F  | ernandina, Inc           | n)   |  |  |  |  |
| DOCU   | MENT NUMBER: P97000079447  | <del></del>              |  |  |  |  |  |
| The en   | closed Statement of Change of Registe  | red Office/Agent a       | nd fee are submitted for filing.   |  |  |  |  |
| Please   | return all correspondence concerning t   | his matter to the fo     | llowing:   |  |  |  |  |
|  | G. Alan Howard<br>(Na  | me of Contact Pers       | son)   |  |  |  |  |
| Milam Howard Nicandri Dees & Gillam, P.A. (Firm/Company) |  |                          |  |  |  |  |  |
|  | 14 East Bay Street   |                          |  |  |  |  |  |
| (Address)  |  |                          |  |  |  |  |  |
|  |  | FL<br>y/State and Zip Co | 32202  |  |  |  |  |
| For fur  | ther information concerning this matter  | •                        | ,  |  |  |  |  |
|  | n Howard (Name of Contact Person)  | at ( 90                  | 04 ) 357-3660<br>rea Code & Daytime Telephone Number)  |  |  |  |  |
| Enclos   | ed is a \$35.00 check made payable to t  | he Department of S       | State.   |  |  |  |  |
|  | Mailing Address: Amendment Section Division of Corpora P.O. Box 6327 Tallahassee, FL 323 | ations                   | Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 |  |  |  |  |

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

| statement of cha  | nge is submitted for a c   | corporation organiz   | 607.1508, or 617.1508, Flori<br>ed under the laws of the State<br>ed agent, or both, in the State (                                 | of Florida   |  |  |  |
|---|--|---|---|--|--|--|--|
| 1. The name of t  | the corporation: Cedar   | River Seafood of Fe   | ernandina, Inc.   |  |  |  |  |
|   | office address: 2105 P<br>k, FL 32073  | ark Avenue, Suite 5   |   | ****   |  |  |  |
| 3. The mailing a  | ddress (if different):   |   |   |  |  |  |  |
| 4. Date of incorp   | ooration/qualification:  | 09/12/1997  | Document number: P970   | 00079447   |  |  |  |
|   | I street address of the cutment of State:  | ırrent registered age   | ent and registered office on file   | with the   |  |  |  |
|   | Roland Bell  |   |   |  |  |  |  |
|   | 2105 Park Avenue, Suite 5  |   |   |  |  |  |  |
|   | Orange Park, FL 3  | 32073   |   | 7 S  |  |  |  |
| 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): |  |   |   |  |  |  |  |
|   | Milam Howard Nicandri Dees & Gillam, P.A.  14 East Bay Street  |   |   |  |  |  |  |
|   | Jacksonville   | O. Box NOT acceptable)  | 32202   | Su a   |  |  |  |
| The street address changed will   |  |   | ddress of the business office of  | of its registered agent,   |  |  |  |
| Such change was authorized by the   | as authorized by resolute board, or the corpor   | tion duly adopted lation has been noti                              | by its board of directors or by fied in writing of the change.  | an officer so  |  |  |  |
| A Man   | ire of an officer or director)   |   | President Rhinted or typed name   | Rell<br>and title)   |  |  |  |
| I further agrée<br>of my duties, di<br>document is bei  | the appointment as re<br>to comply with the pro<br>ad ram fantiliar with a<br>ing filed merely to refl<br>been notified in writi | visions of all statut<br>nd accept the oblig<br>set a change in the | agree to act in this capacity.<br>es relative to the proper and<br>ation of my position as regist<br>registered office address, I h | complete performance<br>tered agent. Or, if this<br>ereby confirm that the |  |  |  |
| 6/9h  | gnature of Registered Agent)   |   | 9-4-01/   |  |  |  |  |
|   | half of an entity:   |   | ()  |  |  |  |  |
| G. Alan Howa  | •  |   |   |  |  |  |  |
| (7  | Typed or Printed Name)   |   |   |  |  |  |  |

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