V12237

(Re	questor's Name)	· · ·
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
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SECRETARY OF STATE
TALLAHASSEF, FI ORIO

R.A.

OCT 2 0 2009)

COVER LETTER

Amendment Section Division of Corporations

TO:

SUBJECT:	Dale's Seafood Incorporated			
	Name of Corporation			
DOCUMENT NUMB	ER:V12237			
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:				
	Dale Kalliainen Name of Contact Person			
	Name of Contact Person			
	Dale's Seafood Inc Firm/Company			
	r in the Company			
	470 Riverside Prive			
Address				
	Tarpon spring Florida 34689 City/State and Zip Code			
City/State and Zip Code				
	nail address: (to be used for future annual report notification)			
E-mail address: (to be used for future annual report notification)				
For further information	concerning this matter, please call:			
Plahard	Kalliainen at (289) 463 - 6084 f Contact Person Area Code & Daytime Telephone Number			
Name o	f Contact Person Area Code & Daytime Telephone Number			
Enclosed is a \$35.00 check made payable to the Department of State.				
	Mailing Address: Amendment Section Amendment Section			

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Clifton Building

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

statement of char	rovisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Stange is submitted for a corporation organized under the laws of the State of \overline{Flo} to change its registered office or registered agent, or both, in the State of Flor	orida
1. The name of the	ne corporation: Dale's Seafood Incorporated	
2. The principal of	Tarpon Springs Flu. 34689	
3. The mailing ad	ldress (if different):	
4. Date of incorp	oration/qualification: 2/6/1992 Document number:	V12237
	street address of the current registered agent and registered office on file with ment of State: (If resigned, enter resigned)	the
	H. Anthony Heist	2009 Sa
	1661 Estero Boulevard, Suite 20	CAP OF
	Fort Myers Beach, FL 33931	TARY ASSE
6. The name and (if changed):	street address of the new registered agent (if changed) and /or registered office	AM 9: 06 EE.FLORIG
	Harry Heist	(g) 7 6
	17264 San Carlos Boulevard, Suite 308 P.O. Box NOT acceptable	
	Fort Myers Beach, FL 33931	
The street addres	ss of its registered office and the street address of the business office of its to be identical.	registered agent,
Such change was authorized by th	s authorized by resolution duly adopted by its board of directors or by an ore board, or the corporation has been notified in writing of the change.	fficer so
- Sugnature	Dale Kalliainen e of an officer or director Printed or typed name and title	
I hereby accept i I further agree to of my duties, and document is beir corporation has	the appointment as registered agent and agree to act in this capacity. It is comply with the provisions of all statutes relative to the proper and comp if I am familiar with and accept the obligation of my position as registered ag filed merely to reflect a change in the registered office address. I hereby been notified in writing of this change.	lete performance agent. Or, if this confirm that the
Sign	nature of Registered Agent	′
If signing on bel	nalf of an entity:	

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