123962

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(Add	dress)		
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SECRETARY OF STATE TALLAHASSEE, FLORIDA O9 AUG 7 PM 3: 28

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(10/09

COVER LETTER

TO: Amenda Division	ment Section n of Corporations		
SUBJECT:		heries Corp.	
	Name (of Corporation	
DOCUMENT !	NUMBER:	V23962	
The enclosed St	atement of Change of Registered O	ffice/Agent and fee are subn	nitted for filing.
Please return all	correspondence concerning this ma	atter to the following:	
		ssa Daniels	
	Name of	Contact Person	
	Corporate Fi	ling Solutions, LLC	
	Firm	n/Company	
		es Ave., Suite 850	
	•	Address	
	Rosto	n, MA 02116	
	City/Sta	te and Zip Code	
	mdaniels	@cfs247.com	
	E-mail address: (to be used f	or future annual report no	tification)
For further info	rmation concerning this matter, plea	ase call:	
	Malissa Daniels	at (888)	237-3410
]	Name of Contact Person	Area Code & Day	237-3410 ytime Telephone Number
Enclosed is a \$3	35.00 check made payable to the De	epartment of State.	
	Mailing Address:	Street Addre	SS:
	Amendment Section	Amendment	Section
	Division of Corporation		Corporations
	P.O. Box 6327	Clifton Build	
	Tallahassee FL 32314	2661 Execut	ive Center Circle

Tallahassee, FL 32301

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 in order to change its registered office or registered agent, or both, in the State of Florida.	_
1. The name of the corporation: Sabrina Fisheries Corp.	
2. The principal office address: 99 Nesbit Street PO Drawer 511447, Punta Gorda, FL 33951	<u></u>
3. The mailing address (if different):	
4. Date of incorporation/qualification: 03/26/1992 Document number: V23962	
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)	
CT Corporation System	
1200 S Pine Island Rd.	
Plantation, FL 33324	
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):	
Corporate Filing Solutions, LLC	
7630 Lago Del Mar Drive, Sulte 10	
P.O. Box NOT acceptable Boca Raton, FL 33433	
The street address of its registered office and the street address of the business office of its registered ag as changed will be identical.	ent,
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.	
Anastasios Parafestas, 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 performs of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if document is being filed merely to reflect a change in the registered office address, I hereby confirm that corporation has been notified in writing of this change. Or proved from Supplied in Writing Of Companies of the Supplied Agent Supplied A	ance this the
If signing on behalf of an entity:	
Thomas B. Rosedale, Manager Typed or Printed Name	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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

CR2E045 (8/05)

SECRETARY OF STATE A