

V23962

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6380

From:

Account Name : REGISTERED AGENTS INC.
Account Number : I20090000081
Phone : (307)200-2803
Fax Number : (855)330-1010

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

Email Address: _____

**REGISTERED AGENT CHANGE
SABRINA FISHERIES CORP.**

Certificate of Status	0
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Page Count	02
Estimated Charge	\$35.00

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SECRETARY OF STATE
TALLAHASSEE, FL

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OCT 17 2018

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 _____ 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 ST P.O. DRAWER 511447
PUNTA GORDA, FL 33951
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)

CORPORATE FILING SOLUTIONS, LLC

3030 N. ROCKY POINT DRIVE SUITE 150A

TAMPA, FL 33607

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Registered Agents Inc.

3030 N. ROCKY POINT DRIVE SUITE 150A

P.O. Box NOT acceptable

TAMPA, FL 33607

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.

Anastasios Parafestas
Signature of an officer or director

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 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.

Bill Havre
Signature of Registered Agent

10/17/2018

Date

If signing on behalf of an entity:

Bill Havre-President

Typed or Printed Name

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

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

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