

PI3000032063

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700257174747

03/03/14--01032--005 **35.00

FILED
SECRETARY OF STATE
14 MAR -3 AM 11:47

RAHO

MAR 5 2015
T. LEMIEUX

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: M16 SeaPod, Inc
Name of Corporation

DOCUMENT NUMBER: P13000032063

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:

Sky S. Sommer
Name of Contact Person

Summer Time Tax Service
Firm/Company

5387 River Forest Dr
Address

Jacksonville, FL 32211
City/State and Zip Code

kawtherenterprises@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Omar Oweis at (904) 503-3663
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

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: MIC SEAFOOD, INC
2. The principal office address: 2514 N MYRTLE AVE
JACKSONVILLE, FL 32209
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 4-9-2013 Document number: P13000032063
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)

[REDACTED] BRETT ISAAC
[REDACTED] 2151 UNIVERSITY BLVD S
[REDACTED] JACKSONVILLE, FL
[REDACTED] 32209

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

SKY S. SOMMER
5387 RIVER FOREST DR
P.O. Box NOT acceptable
JACKSONVILLE, FL 32211

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
14 MAR -3 AM 11:49

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.

[Signature]
Signature of an officer or director

Omar Oweis, 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.

[Signature]
Signature of Registered Agent

02-27-2014
Date

If signing on behalf of an entity:

SKY S. SOMMER
Typed or Printed Name

SUMMER TIME TAX SERVICE
*** FILING FEE: \$35.00 ***