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COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: Key West Concierge Inc.

Name of Corporation

DOCUMENT NUMBER: P09000018673

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:

Scott Saunders

Name of Contact Person

Saunders and Kolpin, P.L.

Firm/Company

412 White St.

Address

Key West, FL 33040

City/State and Zip Code

scottsaunderskw@me.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Scott Saunders

,305 \360-2375

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

statement of cha	nge is submitted for a corporation or	0502, 607.1508, or 617.1508, Florida St rganized under the laws of the State of <u>Fl</u>	lorida	<i>s</i>	
	, , , , , , , , , , , , , , , , , , ,	gistered agent, or both, in the State of Flo	orida.		
1. The name of t	he corporation: Key West Cor	ncierge, Inc.			
	office address: 313 Margaret st, FL 33040	St.			•
	est, FL 33041	238			
4. Date of incorp	poration/qualification: 02/26/200	Document number: P0900	00186	73	
5. The name and		ed agent and registered office on file with			
	Edwin Scales, Esq.		—-: :₩ .	ಪ	
	201 Front St., Suite 333	l	では、近路	330	-ri
	Key West, FL 33040			G 6	一一
6. The name and (if changed):	street address of the new registered	agent (if changed) and /or registered offic	ce == 13	<u>课</u>	0
	Scott Saunders			29	
	412 White St.				
	Key West, FL 33040	NOT acceptable			
	ess of its registered office and the str be identical.	reet address of the business office of its pted by its board of directors or by an office of the change.		l agent	t,
authorized by the	te board, or the corporation has beer	Scott Saunders			
I hereby accept I further agree to performance of	mv duties, and I am familiar with a	Printed or typed name and title t and agree to act in this capacity. statutes relative to the proper and comp nd accept the obligation of my position of reflect a change in the registered office ed in writing of this change.	as registe:	red I	
KHUB	Thrus	12/09/2013			
If signing on be	half of an entity:	Date			
	pped or Printed Name				

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 CR2E045 (03/12)

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