L06000016654

(Re	equestor's Name)				
(Ac	ddress)				
(A)	idress)				
(Ci	ty/State/Zip/Phon	e #)			
. PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	_ Certificates	s of Status			
Special Instructions to Filing Officer:					

Office Use Only



800207071808

800207071808 05/06/11--01030--019 **175.00

B. KOHR
MAY 1 0 2011
EXAMINER



COVER LETTER

TO:	Registration Section Division of Corporati	ons			13
					•
SUBJ	ECT:	Key West Mar			L.L.C.
		Name of Limit	ed Lia	ability Company	
Dear S	Sir or Madam:				
The e	nclosed Registered Age	nt/Registered Office	e Chai	nge and fee(s) are	e submitted for filing.
Please	return all corresponde	nce concerning this	matte	r to the following	Ţ;
	James Larry Name of	lichols, Esquire			
	Name of	Person			
	James Larry	Nichols, P.A.			
•	Firm/Co			.	
	8191 College Addre	Parkway, #205 ss			
	Fort Myers City/State an	, FL 33919 Il Zip Code			
Ē-	jonf@marin	aclubsfl.com	tion)		
For fu	rther information conce	erning this matter, pl	ease c	call:	
	James Larry Nic	hols at (23	 /	433-1305
	Name of Person			Area Code & Day	time Telephone Number
	STREET/COURIER A	ADDRESS:]	MAILING ADDI	RESS:
		Registration Section			
	Division of Corporations Division of Corporations		rations		
	Clifton Building P.O. Box 6327				
	2661 Executive Center (Tallahassee, Florida 323			Tallahassee, Floric	la 32314
	Enclosed is a check f		ıount	;	
	\$25 Filing Fee			\$55 Filing Fee &	& Certified Copy

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

Name of the limited liability company:Key W	est Marina Investments, L.L,C.		
2. (a) Principal office address of limited liability company	1500 Colonial Boulevard, #103		
(Note: MUST BE STREET ADDRESS)	Fort Myers, FL 33907		
(b) Mailing address of limited liability company:	1500 Colonial Boulevard, #103		
(Note: MAY BE POST OFFICE BOX)	Fort Myers, FL 33907		
2/15/06	L06000016654		
3. Date of filing/registration in Florida	4. Document number		
5. (a) Registered Agent and Registered Office shown on	the records of the Florida Dept. of State:		
Registered Agent:	CFRA. LLC		
Registered Office Address:	4221 West Boy Scout Boulevard, 2000 Tampa, FL 33607		
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW NEW Registered Agent</u> : <u>NEW Registered Office Address:</u>	V Registered Office address: James Larry Nichols, Esquire 8191 College Parkway, #205		
(MUST BE FLORIDA STREET ADDRESS)			
	Fort Myers ,FL 33919		
If the limited liability company is not organized under the leant confirmed that after the change or changes are made, the F and the business office of the registered agent will be ident liability company, it is hereby confirmed that the change(s) of the members of the limited liability company or as other or the operating agreement of the limited liability company. Signature of a member of authorized representative of a member	orida street address of the registered office ical. Or, in the case of a Florida limited was/were authorized by an affirmative vote		
Jon Finstrom	-		
Printed or typed name of signee			
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the proud I am familiar with and accept the obligations of my pochapter 608, F.S. Or, if this document is being filed to me address, I hereby confirm that the limited liability company	gree to act in this capacity. I further agree to oper and complete performance of my duties, sition as registered agent as provided for in rely reflect a change in the registered office was been notified in writing of this change.		

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00