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SECRETARY OF STATE TALL AHASSEE, FLORIDA

S. WARREN FEB 0 9 2018

## COVER LETTER

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TO: Registration Section

Division of Corporations										
	BJECT: CHARLEY TOPPINO & SONS OF KEY WEST, LLC									
Nam	Name of Limited Liability Company									
Dear Sir or Madam:										
The enclosed Registered Agent/Registered Offi	ce Change and fee(s) are submitted for filing.									
Please return all correspondence concerning thi	s matter to the following:									
0.00.										
RICHARD/TOPPINO  Name of Person										
Name of Feron										
Firm/Company										
1 mil/Company										
0.0.000.00										
P.O. BOX 787 Address										
, rearess										
W324 W327 P. 2224 A.727										
KEY WEST, FL 33041-0787 City/State and Zip Code	<del></del>									
City/State and Zip/Code										
A SHLEYP@CHARLEYTOPPING COM										
ASHLEYP@CHARLEYTOPPINO.COM E-mail address: (to be used for future annu	ual report notification)									
For further information concerning this matter,	nlease call:									
to tortice into matter concerning this matter.	prease can.									
DICHANA TARRINA	200 000									
RICHARD TOPPINO Name of Person	at ( 305 ) 296-5606  Area Code & Daytime Telephone Number									
	, man sout to bay time verepriority running.									
STREET/COURIER ADDRESS:	MAILING ADDRESS:									
Registration Section	Registration Section									
Division of Corporations	Division of Corporations									
Clifton Building	P.O. Box 6327									
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314									
Enclosed is a check for the following	amount:									
☑ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy									
•	□ 355 Fining ree & Centiled Copy									
INHS18 (2/14)										

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

Pursuant to the provisions of sections 605.0114 or 605.0116, 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.

١.	Na	me of the limited liability company: CHARLEY TO	OPPINC	Э <i>і</i>	& SONS	OF KEY WE	EST, LLO	0			
2. (					(b) US HWY 1 ROCKLAND KEY						
(	α)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	()	′′ –		dailing address of I			, -		
		129 TOPPINO INDUSTRIAL DRIVE		ŗ	P.O. BO	X 787					
		KEY WEST, FL 33040	_	-  -	KEY WE	ST, FL 3304	1				
		12/28/2004		L	0800005	3115					
3.		Date of filing/registration in Florida	4.			Document nun	ıber				
5.	(a)										
-'•	(α)	Registered Agent and Registered Office shown on the records of t	the Florida	a D	ept, of State:	:					
	•	SPOTTSWOOD, SPOTTSWOOD & SPOTT									
		Registered Office Address (MUST BE FLORIDA STREET A									
		500 FLEMING STREET									
		KEY WEST , FL	33040				114.1 SEC	<b>18</b> F			
								8			
(	b)			255	8	<u> </u>					
		Enter name of NEW Registered Agent and/or NEW Registered		Fig.	3	E 0					
		RICHARD TOPPINO					ű				
	NEW Registered Office Address:					- ORBOA					
129 TOPPINO INDUSTRIAL DRIVE											
		KEY WEST	33040								
the ager	chai it w /we	mited liability company is not organized under the law nge or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited lia- re authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	the regis ibility co I the lim	ste om iite	red office pany, it is ed liability	and the busine hereby confirm company or as	ess office of that the	of the	registered ange(s)		
		Frank V. Sofficial ure of a member or authorized representative of a member	FR/	<u>۸۱</u>	NK TOPE						
						Printed or typed n	-				
prov the ( to m noti	cisie obli iere fira 1 L	ny accept the appointment as registered agent and agrons of all statutes relative to the proper and complete gations of my position as registered agent as provided by reflect a change in the registered office address, I have the of this change.	ee to act perform I for in C tereby co	' in and The Onj	this capa ce of my d apter 605, firm that t	icity. I further i luties, and I am . F.S. Or, if thi he limited liabi	agree to c familiar s docume ility comp	compl with nt is l any h	ly with the and accept being filed as been		
Sign	atur	e of Registered Agent Kichard Toppino									

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