

LD8000075664

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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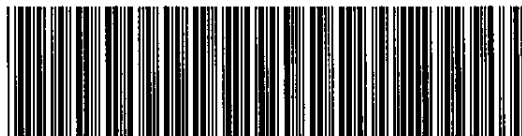
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS
2012 OCT 16 PM 2:41

C. LEWIS
OCT 17 2012
EXAMINER

COVER LETTER

TO: Registration Section*
Division of Corporations

SUBJECT: From the Mat, LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

A. B. Maloy

Name of Person

From the Mat, LLC

Firm/Company

PO Box 1677

Address

Key West, FL 33041

City/State and Zip Code

msabmaloy@gmail.com

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

For further information concerning this matter, please call:

A.B. Maloy

Name of Person

at (305)

240-4241

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☒ \$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.

1. Name of the limited liability company: From the Mat, LLC

2. (a) Principal office address of limited liability company: 1011 Truman Ave

(Note: MUST BE STREET ADDRESS)

Key West, FL 33040

(b) Mailing address of limited liability company:

PO Box 1677

(Note: MAY BE POST OFFICE BOX)

Key West, FL 33041

08/15 / 2008

3. Date of filing/registration in Florida

L08000075664

4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent:

A.B. Maloy

Registered Office Address:

1231 Washington Street
Key West, FL 33040

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

NEW Registered Agent:

N/A

NEW Registered Office Address:

(MUST BE FLORIDA STREET ADDRESS)

c/o Stones & Cardenas

221 Simonton Street

Key West, FL 33040

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DIVISION OF CORPORATIONS
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If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Amy Beth Maloy
Signature of a member or authorized representative of a member

Amy Beth Maloy

Printed or typed name of signer

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 obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Amy Beth Maloy
Signature of Registered Agent

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00