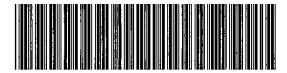
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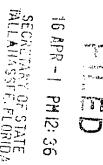
. (Re	equestor's Name)				
· (Address)					
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APROS FITTO J. HARRIS

COVER LETTER

Dìvi	sion of Corporations				
SUBJECT:	Conch Republic Independence Celebration, LLC				
	Name of Limited Liability Company				
Dear Sir or N	Madam:				
The enclosed	d Registered Agent/Registered Off	ice Change an	d fee(s) are submitted for filing.		
Please return	all correspondence concerning th	is matter to the	e following:		
Mikaela El	lizabeth Anderson				
	Name of Person				
Conch Re	public Independence Celebra	ation, LLC			
	Firm/Company				
P.O. Box	1154				
	Address				
Key West,	Florida 33041				
•	City/State and Zip Code				
conchcept	t@aol.com				
E-mail	address: (to be used for future and	nual report not	ification)		
For further i	nformation concerning this matter	, please call:			
Mikaela E	lizabeth Anderson	305 at (509-1054		
	Name of Person		Area Code & Daytime Telephone Number		
Reg Div Clif 266	REET/COURIER ADDRESS: distration Section dision of Corporations from Building Executive Center Circle dahassee, Florida 32301	7 1 7	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Fallahassee, Florida 32314		
Enc	closed is a check for the followin	g amount:			
☑ \$	325 Filing Fee		\$55 Filing Fee & Certified Copy		

Registration Section

TO:

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.

2. (a)	1317 4th Street		_(b) P.O. Box 1154		
` ,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) Key West, FL 33040	(/.	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) Key West, FL 33041		
•		<u>_</u>			
•	03/05/2010	L	10000025204		
3.	Date of filing/registration in Florida		Documen	nt number	
5. (a)	Sheila Sands-Devendorf				
/. (u)	Registered Agent and Registered Office shown on the records of 1613 South Street	f the Florida D	lept. of State:		
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS)			
	Key West, F	L33040		16 APR	
(b)	Mikaela Elizabeth Anderson				
(,	Enter name of NEW Registered Agent and/or NEW Registere	d Office addr	ess:	To P III	
	1317 4th Street			PH IZ: 36 OF STATE	
	NEW Registered Office Address:) DE	
	Key West	L33040			
the cha agent v	limited liability company is not organized under the lange or changes are made, the Florida street address owill be identical. Or, in the case of a Florida limited lere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	aws of the Sof the register iability con of the limited lia	ered office and the bapany, it is hereby company it is hereby company ibility company. ela Elizabeth Angele Elizabeth	ousiness office of the registere confirmed that the change(s) y or as otherwise provided in derson	
_	ature of a member or authorized representative of a member	<u> </u>		typed name of signee	
provis the ob to mer	thy accept the appointment as registered agent and agions of all statutes relative to the proper and completed ligations of my position as registered agent as provided with the reflect a change in the registered office address, and in writing of this change.	gree to act i e performa led for in Cl I hereby con	n this capacity. I funce of my duties, and hapter 605, F.S. Or afirm that the limited	irther agree to comply with the d I am familiar with and accept if this document is being filed d liability company has been	
	/ 44 / //				

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