## L110000030367

(Re	questor's Name)		
(Ad	dress)		
(Ad	dress)		
(Cit	ty/State/Zip/Phone	e #)	
PICK-UP	☐ WAIT	MAIL	
<b>(</b> Bu	isiness Entity Nar	ne)	
(Do	ocument Number)		
Certified Copies	_ Certificates	Certificates of Status	
Special Instructions to	Filing Officer:		

Office Use Only



800250665178

09/19/13--01011--015 \*\*25.00



SEP 2 0 2013

D TRUCE

## **COVER LETTER**

TO: Registration Section Division of Corporations			
SUBJECT: Key West Telco, Name of I	LLC Limited Liability	y Company	
Dear Sir or Madam:			
The enclosed Registered Agent/Registered C	Office Change ar	nd fee(s) are submitted	d for filing.
Please return all correspondence concerning	this matter to th	ne following:	
Rick Richter  Name of Person			
Key West Telco, LLC			
PO BOX 999  Address  Tavernier, FL 33070			NOW SEP 19 PM 12: SCORETARY OF STA
City/State and Zip Code			PM 12: 09 GF STATE E FLORIDA
keyswifi@gmail.com			: 09
E-mail address: (to be used for future annual report n  For further information concerning this matter	·		
Rick Richter	at (970	309-3156	
Name of Person	Ar	ea Code & Daytime Telepho	ne Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	Regis Divisi P.O. I	LING ADDRESS: tration Section ion of Corporations Box 6327 nassee, Florida 32314	

☐ \$55 Filing Fee & Certified Copy

■ \$25 Filing Fee

Enclosed is a check for the following amount:

## 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.

agenn, or com, in the state of 1 tornaan				
1. Name of the limited liability company: Key West Telco, LLC				
2. (a) Principal office address of limited liability company	→ 104 Palmetto Avenue			
(Note: MUST BE STREET ADDRESS)	Tavernier, FL 33070			
( <u></u>				
AN 14 11	D 0 D0V 000			
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	P.O. BOX 999 Tavernier, FL 33070			
(Note: MAT BETOST OFFICE BOA)				
3/11/2011	L11000030267			
3. Date of filing/registration in Florida	<ol> <li>Document number</li> </ol>			
5 (A) Decide at Assessed Decides 1000 at 1	a a careta	Dest	COL	
5. (a) Registered Agent and Registered Office shown on	ine records of the Florid	а Берт.	oi Stai	te:
Registered Agent:	Charles Frederick "Rick" Richter			
			-	
Registered Office Address:	104 Palmetto Avenue	\$\$ cs	<u> </u>	
	Tavernier, FL 33070	<u> ≯:√</u> F::0::	<u> </u>	
	_ <del></del>	A P	SEP	
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEV</u>	W Damistanad Office ad		<u>.</u>	e:::::::::::::::::::::::::::::::::::::
(b) Enter name of NEW Registered Agent and/or NEV	w Registered Office ad	OVEN Y	9	
NEW Registered Agent:	Joe Miklas, Esq	(1) (1)	3	
**************************************		E S		**
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	88765 Overseas Highway	<del>- 호텔</del>	12:10	Name of the last o
(MUST BE PLOKIDA STREET ADDRESS)	Tavernier, FL	<del></del>	F 1930	70
If the limited liability company is not organized under the 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) the members of the limited liability company or as otherwithe operating agreement of the limited liability company.  Signature of a member or authorized expresentative of a member	lorida street address of t	he regist a Florida	tered o	office ed
Printed or typed name of signee	<del></del>			
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the providing and I am familiar with and accept the obligations of my pochapter 608, F. 9. Or, if this document is being filed to me address, I hereby confirm that the limited liability compan	gree to act in this capac oper and complete perfo sition as registered age rely reflect a change in y has been notified in wi	rity. I fu rmance nt as pro the regi riting of	rther of of my ovided stered this cl	agree to duties, for in office hange.
Signature of Registered Agent				
<b>D</b> ivision of Corporations, P.O. Box 63	27, Tallahassee, FL 32	2314		

**FILING FEE: \$25.00** 

INHS18 (05/08)