

L110000053175

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



800208690488

06/16/11--01019--011 \*\*25.00

FILED  
11 JUN 16 AM 10:19  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

B. BOSTICK  
JUN 17 2011  
EXAMINER

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Key West Food Tours  
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:

Karen Leonard  
Name of Person

Key West Food Tours  
Firm/Company

1075 Duval Street C21 Suite 211  
Address

Key West, Florida 33040  
City/State and Zip Code

Karen@keywestfoodtours.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Karen Leonard at ( 305 ) 394-4048  
Name of Person 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

FILED  
11 JUN 16 AM 10:19  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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: Key West Food Tours

2. (a) Principal office address of limited liability company: 1075 Duval Street C21 Suite 211

(Note: **MUST BE STREET ADDRESS**)

Key West, Florida 33040

(b) Mailing address of limited liability company: 1075 Duval Street C21 Suite 211

(Note: **MAY BE POST OFFICE BOX**)

Key West, Florida 33040

05/02/2011

L11000053175

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:

Karen Leonard

Registered Office Address:

1209 Truman Avenue #3  
Key West, Florida 33040

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

**NEW** Registered Agent:

**NEW** Registered Office Address:

**(MUST BE FLORIDA STREET ADDRESS)**

1075 Duval Street C21 Suite 211

Key West, FL 33040

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.

Karen Leonard  
Signature of a member or authorized representative of a member

Karen Leonard  
Printed or typed name of signee

*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.*

Karen Leonard  
Signature of Registered Agent

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

FILING FEE: \$25.00