## L13000031590

(Re	equestor's Name)	
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP	☐ WAIT	MAIL
(Business Entity Name)		
(Document Number)		
Certified Copies	_ Certificates	s of Status
Special Instructions to Filing Officer:		

Office Use Only



800289180118

08/22/16--01017--010 \*\*35.00

OCT 1 1 2016 S. YOUNG FALLAHASSEE ELORIBA



## FLORIDA DEPARTMENT OF STATE Division of Corporations

August 24, 2016

ANDREAS KIRCHBERGER GOLDEN KEY PROPERTIES, LLC 41 CHAILETT ROAD STE 15 ROTONDA WEST, FL 33947

SUBJECT: GOLDEN KEY PROPERTIES, LLC

Ref. Number: L13000031590

We have received your document for GOLDEN KEY PROPERTIES, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Shelia H Young Regulatory Specialist II

Letter Number: 416A00017919

16 AUG 22 PM 2: 48

## COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: Golden Key Properhes 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:			
Sue Halufska Name of Person			
Golden Key Properties, LLC Firm/Company			
41 Chailett Rd, Ste 15 Address			
Rotonda West, FL 33947  City/State and Zip Code			
E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
Sue Halufska at (941) 830-8195			
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			

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.

1. Na	ame of the limited liability company: Golden key Prope	ties LLC
2. (a)	41 Charlett Rd Ste 15 (b) 41	Charlett Rd Sk 15
		ailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
		tonda West; FL 33947
3.		130000 31590
	Dean Hanewinckel	occument namoci
5. (a)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:	• • • • • • • • • • • • • • • • • • •
	2650 S Mc Call Rd	<b>3</b> F. S.
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)	AUG 22
	Englewood FL 34224	22 SE TO
	Englewood FL 34224 Englewood ,FL 34224	PH 2: 48
		2: 4
(b)	Enter name of NEW Registered Agent and/or NEW Registered Office address:	<b>6</b>
	41 Charlett Rd Ste 15	
	NEW Registered Office Address:	
	Rotonda West FL 33947	
the cha agent v was/wa	imited liability company is not organized under the laws of the State of Floringe or changes are made, the Florida street address of the registered office will be identical. Or, in the case of a Florida limited liability company, it is ere authorized by an affirmative vote of the members of the limited liability of organization or the operating agreement of the limited liability company.	and the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in pany.
Simo	130/16 Avalvers (	Frinted or typed name adsignee
I here provis the obt to mer votifie	by accept the appointment as registered agent and agree to act in this capa- ions of all statutes relative to the proper and complete performance of my d feations of my position as registered agent as provided for in Chapter 605, ely reflect a chapge in the registered office address, I hereby confirm that the d in writing of this change.	city. I further agree to comply with the

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