## 114000028442

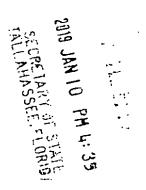
(Re	equestor's Name)	
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PICK-UP	MAIT	MAIL
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(Do	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	

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## **COVER LETTER**

TO: Registration Section Division of Corporations		
SUBJECT: Low Key Charters LCC 1997 ON Name of Limited Liability Company	<b>*</b> ***********************************	
Dear Sir or Madam:	n,	
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.	9	
Please return all correspondence concerning this matter to the following:		
Name of Person		
Low Key Charter 3 LLC Firm/Company		
771 Oceana Do. Address		
Key Light F1 3303) City/State and Zip Code		
E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
John Walker at (305) 360-6694  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 & Certified Copy	\$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.

L. No	ame of the limited liability company: Low Koy Charter's LC
2. (a)	2
(a)	Principal office address of limited liability company.  Mailing address of limited liability company:
	(Note: MUST BE STREET ADDRESS)  (Note: MAY BE POST OFFICE BOX)
	2 W Delaware 71. 2302 2 W Delaware 71. 230
	Chicago IC 60610 Chicago IC 6010
	2-19-14 / 14000028442
3.	Date of filing/registration in Florida  4. Document number
5 ( <b>)</b>	
5. (a)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
	Bout to know to 5
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
	771 OC DC
	77. 0
	Key Lugo FL 33037
(h)	To F
` ,	Enter name of NEW Registered Agent and/or NEW Registered Office address:
	Sohn P. Walker III.  NEW Registered Office Address:
	7)1 OCCARA Dr.
	Key Lorgo FI. 33037
If the li	mited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after
agent w	nge or changes are made, the Florida street address of the registered office and the business office of the registered vill be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s)
was/we	ere authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in cless of organization or the operating agreement of the limited liability company.
Signat	urd of member or authorized representative of a member    Discription   Discription
provision the obli to mere	by accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the constant of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept igations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed all reflect a change in the registered office address, I hereby confirm that the limited liability company has been I'in writing of this change.
Signatur	c official red Agour
	Division of Corporations• P.O. Box 6327• Tallahassee, FL 32314 FILING FEE: \$25.00

INHS18 (2/14)