L16000046377

(Requestor's Name) (Address)					
(Cit	y/State/Zip/Phone	= #)			
PICK-UP	☐ WAIT	MAIL			
(Bu	siness Entity Nan	ne)			
(Do	cument Number)				
Certified Copies	Certificates	of Status			
Special Instructions to	Filing Officer:	·			

Office Use Only



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12/05/16---01023---007 **25.00

SECRETARY OF STATE

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S Warren DEC 1 6 2016



December 7, 2016

; ;

KATHLEEN A. MATHEWS-PLUNKETT KEY HOME DESIGNS, LLC 136 GOLDEN GATE PT., UNIT #302 SARASOTA, FL 34236

SUBJECT: KEY HOME DESIGNS, LLC

Ref. Number: L16000046377

We have received your document for KEY HOME DESIGNS, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

The document must be signed by a member or an authorized representative of a member.

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.

Letter Number: 216A00026068

Stacey M Warren Regulatory Specialist II

www.sunbiz.org

COVER LETTER

TO:

TO :	Registration Section Division of Corporations		
SUBJI	Key Home Designs, LLC		
	Nam	e of Limited L	iability Company
Dear S	Sir or Madam:		
The er	nclosed Registered Agent/Registered Offi	ice Change and	fee(s) are submitted for filing.
Please	return all correspondence concerning this	is matter to the	following:
Kathl	een A. Mathews-Plunkett		
	Name of Person		
Key l	Home Designs, LLC		
	Firm/Company		_
136 (Golden Gate Pt., Unit #302		
	Address		_
Sara	sota, FL 34236		
	City/State and Zip Code		_
kathy	/@keyhomedesigns.net		
I	E-mail address: (to be used for future ann	ual report notif	fication)
For fu	rther information concerning this matter,	please call:	
Kath	y Mathews-Plunkett	941 at (320-1003
	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		Re Di P.	AILING ADDRESS: egistration Section vision of Corporations O. Box 6327 allahassee, Florida 32314
	Enclosed is a check for the following	amount:	
	△ \$25 Filing Fee	□ \$	55 Filing Fee & Certified Copy
INHSI	8 (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. Name of the limited liability company: Key Home Do					
2. (a)	136 Golden Gate Pt., Unit #302 Principal office address of limited liability company:	_ (0)		den Gate Pt., Unit #302 Mailing address of limited liability company:	
	(Note: MUST BE STREET ADDRESS)			(Note: MAY BE POST OFFICE BOX)	
	Sarasota, FL 34236		Sarasot	a, FL 34236	
	12/2/16 / registration was 3/7/16	_	L160000	46377	
3.	Date of filing/registration in Florida	4.		Document number	
5. (a)	Registered Agent Services Co				
5. (u)	Registered Agent and Registered Office shown on the records of the	he Florida	Dept. of Stat	- e:	
	Registered Agent Services Co			三 岩 司	
	Registered Office Address (MUST BE FLORIDA STREET A	<u>DDRESS</u>	2		
	2975 Bee Ridge Road Suite C3			25 5 A	
	Sarasota, FL_	34239		70 7	
(b)	Kathleen A. Mathews-Plunkett			2: 03	
, ,	Enter name of NEW Registered Agent and/or NEW Registered	Office ad	dress:	- >	
	Kathleen A. Mathews-Plunkett				
	NEW Registered Office Address:			-	
	136 Golden Gate Pt., Unit #302			_	
	Sarasota	34236			
10.1 1	, =		2 251	-	
the cha agent v was/wa	imited liability company is not organized under the law ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	the regis bility co f the lim	stered office ompany, it i ited liabilit	e and the business office of the registered s hereby confirmed that the change(s) y company or as otherwise provided in	
\nearrow	illen mathen thenket	Kat	hleen A. I	Mathews-Plunkett	
_Signa	ture of a member or authorized representative of a member			Printed or typed name of signee	
provisi the obl to mer	by accept the appointment as registered agent and agre ions of all statutes relative to the proper and complete p igations of my position as registered agent as providea ely reflect a change in the registered office address, I h I in writing of this change.	ee to act perform I for in C ereby co	in this cap ance of my Chapter 603 onfirm that	acity. I further agree to comply with the duties, and I am familiar with and accept 5, F.S. Or, if this document is being filed the limited liability company has been	

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