## H19000020215

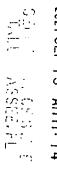
(Requestor's Name)
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2021 SEP 13 AMII: 1

## **COVER LETTER**

TO:	Registration Section 3 Division of Corporations		
SUBJE	La Grignote Key West LLC		
		Name of Limited	Liability Company
Dear Si	ir or Madam:		
The end	closed Registered Agent/Registered	Office Change ar	nd fee(s) are submitted for filing.
Please	return all correspondence concernin	g this matter to th	ne following:
Kathryn	ı Harwood		
	Name of Person		
	Firm/Company		
6620 M	aloney Ave. Lot 16		
	Address		
Key Wo	est, FL 33040		
	City/State and Zip Co	de	
kahwoo	od08@gmail.com		
E	-mail address: (to be used for future	annual report no	tification)
For fur	ther information concerning this ma	tter, please call:	
Kathryr	n Harwood	734 at (	777-2055
	Name of Person		Area Code & Daytime Telephone Number
	Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
	Enclosed is a check for the follow	ving amount:	
	■ \$25 Filing Fee	\$55 Filing Fee & Certified Copy	

## 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.

(a)		(b	)		
` ,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		!	Mailing address of limited liability company: (Note: MAX BE POST OFFICE BOX)	
	1211 Duval St.		1211 Duval St.		
	Key West, FL 33040		Key West,	FL 33040	
	01/18/2019		1,190000202	115	
	Date of filing/registration in Florida	4.	-	Document number	
()	Kathryn Ann Harwood				
(b)	Registered Agent and Registered Office shown on the records of	f the Florida	Dept. of State	- e:	
	Registered Office Address  926 TRUMAN AVE	ADDRESS	2	-	
	KEY WEST, F	L		202	
	33040			7021 SEP 13	
	Enter name of NEW Registered Agent and/or NEW Registered Office address:			3	
	NEW Registered Office Address:				
	6620 MALONEY AVE. LOT 16			- W	
	KEY WEST, F	L		_	
ange ent v s/we	imited liability company is not organized under the la cor changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited li- ere authorized by an affirmative vote of the members teles of organization or the operating agreement of the	e registere iability co of the lim e limited l	ed office and impany, it is ited liability iability com	d the business office of the registered s hereby confirmed that the change(s) y company or as otherwise provided in	
1/2	Hawris	K. F	larwood	De del de	
( 14 F4	ture of a member or authorized representative of a member by accept the appointment as registered agent and age ions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, I	ree to act e performe ed for in C hereby co	in this cape ince of my c Chapter 605 onfirm that	Printed or typed name of signee acity. I further agree to comply with the duties, and I am familiar with and access, F.S. Or, if this document is being file the limited liability company has been	

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