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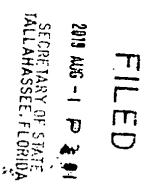
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## **COVER LETTER**

TO: Registration Section Division of Corporations				
SUBJECT: YARD GUARD OF THE KEYS 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 i	matter to the following:			
SANDRA V. SUAREZ Name of Person				
YARD GUARD OF THE KEYS LLC Firm/Company				
7 ED SWIFT ROAD Address				
KEY WEST FL 33040 City/State and Zip Code				
5V5UAREZ Q YAHW. COM E-mail address (to be used for future annua	I report notification)			
For further information concerning this matter, pl				
DANILD I SUAREZ	at ( <u>786</u> ) 847 4464			
Name of Person	Area Code & Daytime Telephone Number			
STREET/COURIER ADDRESS:	MAILING ADDRESS:			
Registration Section	Registration Section			
Division of Corporations	Division of Corporations			
Clifton Building	P.O. Box 6327			
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314			
Enclosed is a check for the following an	nount:			
\$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy			

INHS18 (2/14)

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOF 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

Florida	ı.		
l. Na	me of the limited liability company: YARD <u>GUR</u>	ARD OF TH	E KEYS, LLC
2. (a)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)  KEY WEST FL 33040	•	Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)  Y WEST FL 33040
3.	6-10-2019  Date of filing/registration in Florida	<u>      19</u>	000152659 Document number
3. (a)	Panilo I Suarez  Registered Agent and Registered Office shown on the records of the substance of the substan		f State:
(b)	SANDRA V. SUAREZ Enter name of NEW Registered Agent and/or NEW Registered  7 ED SWIFT ROAD  NEW Registered Office Address:		ALE -1 PO 3 STATE CRETARY OF STATE AHASSEE, FLORIDA
	KEY WEST .FL	33040	<u> </u>
the charagent was/we the artic	mited liability company is not organized under the law nge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia- ter authorized by an affirmative vote of the members of cles of organization or the operating agreement of the lace will be a member or authorized representative of a member	the registered of ability company of the limited lia limited liability	office and the business office of the registered it is hereby confirmed that the change(s) bility company or as otherwise provided in company.  **Dane:  Printed or typed name of signee**
provisic the obli to mere	oy accept the appointment as registered agent and agrous of all statutes relative to the proper and complete igations of my position as registered agent as provided by reflect a change in the registered office address, I have been also of this change.	ee to act in this performance of I for in Chapter iereby confirm	capacity. I further agree to comply with the my duties, and I am familiar with and accept 605, F.S. Or, if this document is being filed that the limited liability company has been

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