MIGCICC 6645

Office Use Only



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TILTO

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COVER LETTER

Division of Corporations	
DOOR N KEY LLC	
	imited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Cha	ange and fee(s) are submitted for filing.
Please return all correspondence concerning this matt	er to the following:
Barel Taig	
Name of Person	
DOOR N KEY LLC	
Firm/Company	
8401 Alister B W	
Address	
Palm Beach Gardens	
City/State and Zip Code	
bbt24hr@gmail.com	
E-mail address: (to be used for future annual rep	oort notification)
For further information concerning this matter, please	call:
Barel Taig	561 510-4642
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 amou	nt:
■ \$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: MAY BE POST OFFICE BOX)
	08/18/2016	— 	M160000	
	Date of filing/registration in Florida	4.		Document number
a)	Barel Taig			-
	Registered Agent and Registered Office shown on the records of 6141 Hollywood st	the Flori	da Dept. of State	e:
	Registered Office Address (MUST BE FLORIDA STREET)	4 D D D E (201	-
	Registered Office Address	TO DALL	<u>177</u>	
	Jupiter , FL	33458	3	-
) .	Barel Taig			
	Enter name of NEW Registered Agent and/or NEW Registered Office address:			
	8401 Alister Blvd W			NSS T
	NEW Registered Office Address:			
	Palm Beach Gardens .FI	33418	3	9: 40 STATE LORIDA
hai t w we	mited liability company is not organized under the lange or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited line authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	ws of the regability of the li- limited	e State of Floristered office company, it is mitted liability	e and the business office of the regist s hereby confirmed that the change(s y company or as otherwise provided
nati	ure of a member of authorized representative of a member			Printed or typed name of signee
reb	y accept the appointment as registered agent and agr ons of all statutes relative to the proper and complete gations of my position as registered agent as provide ly reflect a change in the registered office address, I	ee to a perfori	ct in this cape	acity. I further agree to comply with duties, and I am familiar with and ac