

m97697

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

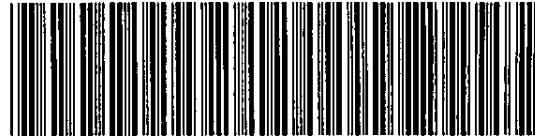
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000291363220

10/20/16--01023--015 **35.00

TALLAHASSEE, FLORIDA

2016 OCT 20 P 4:49

FILED

ANC
OCT 24 2016
TALLAHASSEE, FL

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: HOG'S BREATH SALOON OF KEY WEST INC.
Name of Corporation

DOCUMENT NUMBER: M 97697

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

SHERY DORMINY
Name of Contact Person

HOGS BREATH SALOON
Firm/Company

541 HARBOR BLVD
Address

DESTIN, FLORIDA 32541
City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JOSEPH M. SCHEYD JR. P.A. at (850) 837-1171
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR
BOTH FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of FLORIDA in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: HOGG'S BREATH SALOON OF KEY WEST INC.
2. The principal office address: 400 FRONT ST
KEY WEST, FL 33040
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 11/14/96 Document number: M97697

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

KELLY MILLE
541 HARBOR BLVD
DESTIN, FL 32541

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

SHERRY DORMINY
541 HARBOR BLVD
P.O. Box NOT acceptable
DESTIN, FL 32541

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

x Sherry W. Dorminy
Signature of an officer or director

SHERRY DORMINY
Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

x Sherry W. Dorminy
Signature of Registered Agent

10-14-2016
Date

If signing on behalf of an entity:

Typed or Printed Name

*** FILING FEE: \$35.00 ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (03/12)