## 100000001740

| (Re                                     | equestor's Name)   |             |  |
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| (Ad                                     | ldress)            |             |  |
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| (Cit                                    | ty/State/Zip/Phone | e #)        |  |
| PICK-UP                                 | WAIT               | MAIL.       |  |
| (Bu                                     | siness Entity Nar  | ne)         |  |
| (Document Number)                       |                    |             |  |
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CARROTHETES

## COVER LETTER

TO: Amendment Section **Division of Corporations** 

Key West Parrot Head Club Inc.

N00000001740

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:

Julie Waters

Name of Contact Person

Key West Parrot Head Club Inc.

Firm/Company

22958 Long Ben Lane

Cudjoe Key, FL 33042

City/State and Zip Code

president@keywestparrotheadclub.com

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

For further information concerning this matter, please call:

Julie Waters

Name of Contact Person

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

| statement of cha  | provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statenge is submitted for a corporation organized under the laws of the State of $\frac{\text{Flo}}{\text{Flo}}$ are to change its registered office or registered agent, or both, in the State of Flori   | rida           |             |
|---|--|----------------|-------------|
| 1. The name of  | the corporation: Key West Parrot Head Club Inc.  |                | . <u>.</u>  |
| 2. The principal  | office address: 22958 Long Ben Lane (ey, FK 33042  |                |             |
|   | est Fl. 33041  |                |             |
| 4. Date of incor  | poration/qualification: 03/16/2000 Document number: N000000  | 001740         |             |
| 5. The name and   | d street address of the current registered agent and registered office on file with rtment of State: (If resigned, enter resigned)   |                |             |
|   | Julie Waters   |                |             |
|   | 22958 Long Ben Lane  |                |             |
|   | Cudjoe Key, FL 33042   | 20             | 20.         |
| 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): |  | e CRETAR       | 2016 JAN 19 |
|   | Jack Haigwood  | E CAN          | 9 P.K       |
|   | 400 Whitehead St. # 1523   | FLOR           | ώ<br>⊒κ     |
|   | P.O. Box NOT acceptable Key West, FL 33041   | 30,7           | 57          |
| The street address changed will   | ess of its registered office and the street address of the business office of its reliable identical.  | egistered ager | nt,         |
| Such change was authorized by the   | as authorized by resolution duly adopted by its board of directors or by an off he board, or the corporation has been notified in writing of the change.   | icer so        |             |
| Wenel   | WEVAY BRACKT, who of an officer or director wrinted or typed name and title  | Director       |             |
| I further agree<br>performance of<br>agent. Or, if th   | t the appointment as registered agent and agree to act in this capacity. To comply with the provisions of all statutes relative to the proper and comple my duties, and I am familiar with and accept the obligation of my position as its document is being filed merely to reflect a change in the registered office a that the corporation has been notified in writing of this change. | s registered   |             |
|   | January 12, 2016  Phalf of an entity:  | <u> </u>       |             |
| Jack Haigw  |  |                |             |
| Т   | Syned or Printed Name  |                |             |

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